DONOVAN LEISURE NEWTON LUMBARD & IRVINE
[illegible]
NEW YORK 5

[illegible]

Mr. Paul G. Hoffman, Administrator
Economic Cooperation Administration
Washington 25, D. C.

Dear Mr. Hoffman:

I understand that you have accorded an interview to Mr. Howard Hunt with a view to considering his possible appointment to the staff of the Economic Cooperation Administration.

It may be of aid to you in considering Mr. Hunt's publications [illegible] [illegible] with the [illegible] [illegible]

[illegible] performance of his duty. [illegible] served in China as a member of the staff of the Chief of OSS, China, in which capacity his duties consisted principally of establishing and maintaining the reports to Washington of the various operations and missions of OSS China. Colonel Richard P. Heppner, who at that time and until the end of the war commanded the OSS in China [illegible] [illegible] performed [illegible] in an able, energetic [illegible] manner.

Sincerely yours,

[signature]

14-00000

SECRET
(When Filled In)

CERTIFICATION OF SEPARATING EMPLOYEE	Name (Last-First-Middle) HUNT E. HOWARD

MEMORANDUM FOR THE RECORD - ATTACH TO OFFICIAL PERSONNEL FOLDER

I hereby acknowledge the receipt of the following forms and/or information concerning my separation from CIA as indicated by check mark:

/	1. Standard Form 8 (Notice to Federal Employee about Unemployment Compensation). Unemployed
/	2. Standard Form 55 (Notice of Conversion Privilege, Federal Employees' Group Life Insurance). Unemployed
	3. Standard Form 56 (Agency Certification of Insurance Status, Federal Employees' Group Life Insurance Act of 1954).
/	4. Standard Form 2802 (Application for Refund of Retirement Deductions). N/A
/	5. Form 2595 (Authorization for Disposition of Paychecks). NO CHANGE
	6. Applicable to returnee (resignee from overseas assignment). I have been advised of my right to have a medical examination before my separation from this Agency and of the importance of such a medical check to my health and well-being. ☐ Appointment arranged with Office of Medical Services. ☐ Appointment for Office of Medical Services examination declined.

/	Howard Hunt Robert R. Mullen & Co. 1729 H Street, N.W. Washington, D.C. 20006 ME 8-2526 ...conflict of interests' policy of the Agency and ...s regard concerning my new employment.
	...Leave).
	...yment Rights of Federal Employees Performing Armed
	10. Instructions for returning to duty from Extended Leave or Active Military Service.

Signature of Employee	Date Signed
E. Howard Hunt	2 4 AP
Address (Street, City, State, Zip Code) 11120 River Rd., Potomac, Md. 20854	Correspondence ☑ Overt ☐ Covert

SECRET

14-00000

STANDARD FORM 64

MATERIAL REVIEWED AT CIA HEADQUARTERS BY

HOUSE SELECT COMMITTEE ON ASSASSINATIONS STAFF MEMBERS

SECRET

FILE TITLE/NUMBER/VOLUME: HUNT, E. HOWARD

INCLUSIVE DATES: 17 May 1948 — 21 June 1972

CUSTODIAL UNIT/LOCATION: OP

ROOM: 5E 13

DELETIONS, IF ANY:

DATE RECEIVED	DATE RETURNED	REVIEWED BY (PRINT NAME)	SIGNATURE OF REVIEWING OFFICIAL
2/28/78	2/28/78	DAN HARDWAY	Dan Hardway
3/15/78	3/15/78	DAN HARDWAY	Dan Hardway

NO DOCUMENTS MAY BE COPIED OR REMOVED FROM THIS FILE

SECRET

TERMINATED

14-00000

STANDARD FORM 57 NOV 1947
U S CIVIL SERVICE COMMISSION

[illegible]ATION FOR FEDERAL EMPLOY[illegible]

INSTRUCTIONS In order to prevent delay in consideration of your application, answer every question on this form clearly and completely. Type, write or print in INK. In applying for a specific United States Civil Service examination, read the examination announcement carefully and follow all directions. If you are applying for a WRITTEN examination follow the instructions on the admission card regarding disposition of this application. If you are applying for an UNWRITTEN examination, mail this application to the office named in the announcement. Be sure to mail to the same office any other forms required by the announcement. Notify the office with which you file this application of any change in your address.

1 NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR

2 OPTIONS (if mentioned in examination announcement)

3 PLACE OF EMPLOYMENT APPLIED FOR (City and State)

4 DATE OF THIS APPLICATION: 17 May 1948

5 (First name) (Middle) (Maiden, if any) (Last)
XX (Everette) Howard Hunt (Jr.)

6 (A) STREET AND NUMBER OR R D NUMBER
30 Willett Street

(B) CITY OR POST OFFICE (including postal zone) AND STATE
Albany 6, New York

7 LEGAL OR VOTING RESIDENCE (State): New York
(A) OFFICE PHONE: 4-2101
(B) HOME PHONE: 3-6218

9 DATE OF BIRTH (month, day, year): Oct.9,1918

10 ☐ MARRIED ☒ SINGLE

11 PLACE OF BIRTH (city and State; if born outside U. S., name city and country)
Hamburg, Erie County, New York

12 ☒ MALE ☐ FEMALE

13 (A) HEIGHT WITHOUT SHOES: 5 FEET 9 INCHES (B) WEIGHT: 165 POUNDS

14. (A) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? ☐ YES ☒ NO
(B) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE

APPLICATION NO

ANNOUNCEMENT

DO NOT WRITE IN THIS BLOCK
For Use of Civil Service Commission Only

☐ APPOR. ☐ NON APPOR.	MATERIAL ☐ SUBMITTED ☐ RETURNED	ENTERED REGISTER
NOTATIONS:	APP. REVIEW:	
	APPROVED:	

OPTION	GRADE	EARNED RATING	PREFERENCE	AUGM. RATING
			☐ 5 POINTS (TENT.)	
			☐ 10 POINTS	
			☐ WIFE OR WIDOW	
			☐ DISAL.	
			☐ BEING INVESTIGATED	
INITIALS AND DATE				

15. (A) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? $ 4,500 PER YEAR
You will not be considered for any position with a lower entrance salary

(B) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT IF OFFERED, FOR
☐ 1 TO 3 MONTHS ☐ 3 TO 6 MONTHS ☐ 6 TO 12 MONTHS

NOTE. Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a probational appointment

(C) IF YOU ARE WILLING TO TRAVEL, SPECIFY.
☐ OCCASIONALLY ☒ FREQUENTLY ☐ CONSTANTLY

(D) CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED:
☒ IN WASHINGTON, D. C. ☐ ANYWHERE IN THE UNITED STATES
☒ OUTSIDE THE UNITED STATES

(E) IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, GIVE ACCEPTABLE LOCATIONS.

16. EXPERIENCE It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appointing officer to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back [illegible]. Experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent religious, civic, welfare, or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Military experience should be [illegible] in the space below in its proper sequence.

(a) If you were ever employed in any position under a name different from that [illegible] under "Description of your work" for each position the name used.

(b) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."

① PRESENT POSITION

DATES OF EMPLOYMENT (month, year): FROM 1947 TO PRESENT TIME

EXACT TITLE OF YOUR PRESENT POSITION: Self employed

CLASSIFICATION GRADE (if in Federal Service)

SALARY OR EARNINGS: STARTING $ PER; PRESENT $ 5000 PER year

PLACE OF EMPLOYMENT (city and State): Albany, N.Y.

NAME AND TITLE OF IMMEDIATE SUPERVISOR

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division)

KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.): writing

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU

REASON FOR DESIRING TO CHANGE EMPLOYMENT: Interest in ECA

DESCRIPTION OF YOUR WORK
authoring novels and magazine stories.

(CONTINUED ON NEXT PAGE)

14-00000

15 CONTINUED

② DATES OF EMPLOYMENT (month, year) FROM Jan. 1943 TO Oct. 1943
EXACT TITLE OF YOUR POSITION: War Correspondent
CLASSIFICATION GRADE (if in Federal service):
SALARY OR EARNINGS: STARTING $ FINAL $ 600 PER Month
PLACE OF EMPLOYMENT (city and State): New York, N.Y.
NAME AND TITLE OF IMMEDIATE SUPERVISOR: Dan Longwell - Editor
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person. If Federal, name department, bureau or establishment, and division): "LIFE"
KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.): Publishing
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU:
REASON FOR LEAVING: Enlisting in AAF.
DESCRIPTION OF YOUR WORK: Travel with Naval combat groups in S. Pacific. Report results of actions.

③ DATES OF EMPLOYMENT (month, year) FROM Oct. 1942 TO Jan. 1943
EXACT TITLE OF YOUR POSITION: Script Writer
CLASSIFICATION GRADE (if in Federal service):
SALARY OR EARNINGS: STARTING $ FINAL $ 600 PER Month
PLACE OF EMPLOYMENT (city and State): New York, N.Y.
NAME AND TITLE OF IMMEDIATE SUPERVISOR: Louis de Rochemont - Editor
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person. If Federal, name department, bureau or establishment, and division): The March of Time (Cinema)
KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.): Newsreel producers
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU:
REASON FOR LEAVING: go overseas w/ "Life"
DESCRIPTION OF YOUR WORK: Developing screen narrative of a particular subject - writing of narration to footage. Writing + producing Naval Training Films

④ DATES OF EMPLOYMENT (month, year) FROM TO
EXACT TITLE OF YOUR POSITION:
CLASSIFICATION GRADE (if in Federal service):
SALARY OR EARNINGS: STARTING $ PER FINAL $ PER
PLACE OF EMPLOYMENT (city and State):
NAME AND TITLE OF IMMEDIATE SUPERVISOR:
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person. If Federal, name department, bureau or establishment, and division):
KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.):
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU:
REASON FOR LEAVING:
DESCRIPTION OF YOUR WORK:

16—55060-1

⑤ DATES OF EMPLOYMENT (month, year) FROM ... TO ... | EXACT TITLE OF YOUR POSITION | CLASSIFIED GRADE (if in Federal service) | SALARY OR EARNINGS STARTING $ PER; FINAL $ PER

PLACE OF EMPLOYMENT (city and State)

NAME AND TITLE OF IMMEDIATE SUPERVISOR

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division)

KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of bricks, etc.)

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU

REASON FOR LEAVING

DESCRIPTION OF YOUR WORK

If more space is required, use a continuation sheet (Standard Form No. 58) or a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.

17. MILITARY TRAINING. In the space below, describe any training received in the Armed Services (not already listed under Item 16) that would assist appointing officers in placing you most effectively. Indicate actual amount of training received, such as hours per week. Detailed information regarding any special service schools you attended is especially important. (Extra pages may be used to give full descriptions.)

DATES FROM	DATES TO	LOCATION	DESCRIPTION OF TRAINING
2/41	5/41	U.S.Naval Academy	USNR Midshipman's Course
1/44	6/44	Miami Beach	AAF/OCS
6/44	8/44	Orlando,Fla	AAF Combat Intelligence School
1/45	3/45	Catalina Island	Office of Strategic Services
			Clandestine School

18 EDUCATION (Circle highest grade completed): 1 2 3 4 5 6 7 8 9 10 11 ⑫

MARK (X) THE APPROPRIATE BOX TO INDICATE SATISFACTORY COMPLETION OF: ☐ ELEMENTARY SCHOOL ☐ JUNIOR HIGH SCHOOL ☒ SENIOR HIGH SCHOOL

(A) GIVE NAME AND LOCATION OF LAST HIGH SCHOOL ATTENDED: Hamburg High School, N.Y.

(B) SUBJECTS STUDIED IN HIGH SCHOOL WHICH APPLY TO POSITION DESIRED

(C) NAME AND LOCATION OF COLLEGE OR UNIVERSITY	MAJOR AND SPECIALTY	DATES ATTENDED FROM	DATES ATTENDED TO	YEARS COMPLETED DAY	YEARS COMPLETED NIGHT	DEGREES CONFERRED TITLE	DEGREES CONFERRED DATE	SEMESTER HOURS CREDIT
Brown University Providence,R.I.	English	1936	1940	4		AB	June 1940	

(D) LIST YOUR CHIEF UNDERGRADUATE COLLEGE SUBJECTS	SEMESTER HOURS	LIST YOUR CHIEF GRADUATE COLLEGE SUBJECTS	SEMESTER HOURS
English Literature			
Economics			
Sociology			

(E) OTHER TRAINING SUCH AS VOCATIONAL, BUSINESS, STUDY COURSES GIVEN THROUGH THE ARMED FORCES INSTITUTE (show name and location of school) OR IN-SERVICE TRAINING IN PUBLIC OR PRIVATE EMPLOYMENT

SUBJECTS STUDIED	DATES ATTENDED FROM	DATES ATTENDED TO	YEARS COMPLETED DAY	YEARS COMPLETED NIGHT

19 INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES

LANGUAGE	READING EXC.	READING GOOD	READING FAIR	SPEAKING EXC.	SPEAKING GOOD	SPEAKING FAIR	UNDERSTANDING EXC.	UNDERSTANDING GOOD	UNDERSTANDING FAIR
Spanish		x				x			x

22 ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (such as pilot, electrician, radio operator, teacher, lawyer, CPA, etc.)?

☐ YES ☒ NO GIVE KIND OF LICENSE AND STATE.

FIRST LICENSE OR CERTIFICATE (YEAR)

LATEST LICENSE OR CERTIFICATE (YEAR)

20 IF YOU HAVE TRAVELED OR RESIDED IN ANY FOREIGN COUNTRIES INDICATE (1) NAMES OF COUNTRIES (2) DATES AND LENGTH OF TIME SPENT THERE, AND (3) REASON OR PURPOSE (e. g., military service, business, education, recreation)

See list attached

21 LIST ANY SPECIAL SKILLS YOU POSSESS AND MACHINES AND EQUIPMENT YOU CAN USE, SUCH AS OPERATION OF SHORT WAVE RADIO, MULTILITH, COMPTOMETER, KEY-PUNCH, TURRET LATHE, SCIENTIFIC OR PROFESSIONAL DEVICES

APPROXIMATE NUMBER OF WORDS PER MINUTE IN TYPING ..... SHORTHAND ....

23 GIVE ANY SPECIAL QUALIFICATIONS NOT COVERED ELSEWHERE IN YOUR APPLICATION SUCH AS
(A) YOUR MORE IMPORTANT PUBLICATIONS (do not submit copies unless requested)
(B) YOUR PATENTS OR INVENTIONS
(C) PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE
(D) MEMBERSHIP IN PROFESSIONAL OR SCIENTIFIC SOCIETIES, ETC.
(E) HONORS AND FELLOWSHIPS RECEIVED

Covered in detail: "Who's Who in the East" VolII

14-00000

24. REFERENCES. List three persons living in the United States or Territories of the United States who are not related to you and who have definite knowledge of your qualifications and fitness for the position you are applying. Do not repeat names of supervisors listed under Item 16 (EXPERIENCE).

FULL NAME	PRESENT BUSINESS OR HOME ADDRESS (Give complete current address, including street and number)	BUSINESS OR OCCUPATION
1. Maj. Gen. Wm. J. Donovan	2 Wall Street, New York 5, N.Y.	Attorney
2. John C. Farrar	53 East 34th Street, New York 16	Publisher
3. Raymond Rubicam	444 Madison Avenue, New York 18	Executive

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN

Question	YES	NO
25. MAY INQUIRY BE MADE OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER, QUALIFICATIONS, ETC.?	Yes	
26. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?	Yes	
27. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF THE COMMUNIST PARTY, U.S.A., OR ANY COMMUNIST ORGANIZATION?	No	
28. ARE YOU NOW, OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?	No	
29. ARE YOU NOW, OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR OF AN ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH HAS ADOPTED A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR OF SEEKING TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS?	No	
If your answer to question 27, 28, or 29 above is "yes," state in Item 39 the names of all such organizations, associations, movements, groups, or combination of persons and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities therein.		
30. SINCE YOUR 16TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDICTED, OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED, OR IMPRISONED OR PLACED ON PROBATION, OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE (EXCLUDING MINOR TRAFFIC VIOLATIONS FOR WHICH A FINE OR FORFEITURE OF $25 OR LESS WAS IMPOSED)? *If your answer is "Yes," list all such cases under Item 39 below. Give in each case (1) the date, (2) the nature of the offense or violation, (3) the name and location of the court, (4) the penalty imposed, if any, or other disposition of the case. If appointed, your fingerprints will be taken.*	No	
31. HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION? *If your answer is "Yes," give in Item 39 the name and address of employer, date, and reason in each case.*	No	
32. HAVE YOU EVER BEEN BARRED BY THE U. S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMENTS? *If your answer is "Yes," give dates of and reasons for such debarment in Item 39.*	No	
33. HAVE YOU ANY PHYSICAL HANDICAP, DISEASE, OR OTHER DISABILITY WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO WORK? *If your answer is "Yes," give complete details in Item 39 so that consideration can be given to your physical fitness for the job.*	No	
34. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? *If your answer is "Yes," give complete details in Item 39.*	No	

Question	YES	NO
35. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? *If your answer is "Yes," give details in Item 39.*		
36. DOES THE UNITED STATES GOVERNMENT EMPLOY IN A CIVILIAN CAPACITY ANY RELATIVE OF YOURS (BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS? *If your answer is "Yes," show in Item 39 for EACH such relative (1) full name, (2) present address, (3) relationship, (4) Department or Agency by which employed, and (5) kind of appointment.*		

SPECIAL INSTRUCTIONS FOR CLAIMING VETERAN PREFERENCE

A. If you are claiming preference as a PEACETIME VETERAN who has been awarded a campaign badge or service ribbon, or as a DISABLED VETERAN or as the WIFE OF A DISABLED VETERAN, or as the WIDOW OF A WAR OR CAMPAIGN VETERAN, attach Veteran Preference Claim, CSC Form 14, together with proof specified therein.

B. If you are a WAR-TIME VETERAN not claiming disability preference, you should NOT submit your discharge with this application. Preference will be tentatively credited to you and if appointed, you will be required to submit to the appointing officer prior to entry on duty, official evidence of separation from active service in the armed forces of the United States in time of war.

Question	YES	NO
37. (A) WERE YOU EVER IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR?	X	
(B) IS THE WORD "HONORABLE" OR THE WORD "SATISFACTORY" USED IN YOUR DISCHARGE OR SEPARATION PAPERS TO SHOW THE TYPE OF YOUR DISCHARGE OR SEPARATION?	X	
(C) WAS SERVICE PERFORMED ON AN ACTIVE FULL-TIME BASIS WITH FULL MILITARY PAY AND ALLOWANCES?	X	

(D) DATE OF ENTRANCE INTO SERVICE	DATE OF SEPARATIONS
July 1940	March 1942
Sept. 1943	March 1946
BRANCH OF SERVICE (Army, Navy, Marine Corps, Coast Guard, etc.)	SERIAL NO. (If none, give grade or rating at time of separation)
Navy- Army	0-587241/97532

Question	YES	NO
38. (A) HAVE YOU SERVED IN THE UNITED STATES MILITARY OR NAVAL SERVICE ... CAMPAIGN BADGE OR SERVICE RIBBON?	X	
(B) ARE YOU A DISABLED VETERAN? *If so, and you have not listed your disability in answer to Item 33, explain in Item 39 below*		X
(C) ARE YOU A VETERAN'S WIDOW WHO HAS NOT REMARRIED?		X
(D) ARE YOU THE WIFE OF A VETERAN WHO HAS A SERVICE CONNECTED DISABILITY WHICH DISQUALIFIES HIM FOR CIVIL SERVICE APPOINTMENT?		X

THIS SPACE FOR USE OF APPOINTING OFFICER ONLY

The information contained in the answers to Question 37 above has been verified by comparison with the discharge certificate on 6-1, 19 48

Agency: Title:

39. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS (Indicate item numbers to which answers apply)

ITEM NO.		ITEM NO.	

If more space is required, use paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.

Before signing this application check back over it to make sure that you have answered ALL questions correctly.

I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

False statement on this application is punishable by Law (U. S. Code, Title 18, Section 80).

SIGNATURE OF APPLICANT: Howard Hunt

(Sign your name in INK (one given name, initial or initials, and surname). If female, sign your own given name as "Mrs. Mary L. Doe.")

U. S. GOVERNMENT PRINTING OFFICE 16-63960-1

14-00000

STANDARD FORM 50 (PART) UNITED STATES CIVIL SERVICE COMMISSION OCTOBER 1946

FORM APPROVED. BUDGET BUREAU NO. 50-R364.

E... ..IC COOPERATION ADMINISTRATIO..

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR.—MISS—MRS.—FIRST—MIDDLE INITIAL—LAST)	2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
Mr. E. Howard Hunt, Jr.	10-9-18	64	5-17-48

This is to notify you of the following action affecting your employment:

5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)	6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
Temporary Appointment, C.S. Reg. 2.114(a)	5-17-48	

FROM		TO
	8. POSITION TITLE	Information and Editorial Spec.
	9. SERVICE, GRADE SALARY	CAF-13, $6905.20 per annum CSC No. 103 - Series 1030
	10. ORGANIZATIONAL DESIGNATIONS	Press Information Division
	11. HEADQUARTERS	Washington, D. C.
☐ FIELD ☐ DEPARTMENTAL	12. FIELD OR DEPT'L	☐ FIELD ☒ DEPARTMENTAL

13. REMARKS

Subject to loyalty and security check.
Subject to satisfactory medical examination.
Affidavit "Striking Against the Federal Government" signed.
Not eligible for within grade salary advancements.
Entrance efficiency rating: Good

[signature]
Acting Director of Personnel
14. SIGNATURE OR OTHER AUTHENTICATION

15. VETERAN'S PREFERENCE

NONE	5 PT.	10 POINT DISAB.	10 POINT WIFE	10 POINT WIDOW	WWII	WWI	OTHER
	x				x		

16. POSITION CLASSIFICATION ACTION

NEW	VICE	L.A.	REAL	
		x		CSC No. 103, 5/14/48

17. SEX	18. RACE	19. APPROPRIATION	20. SUBJECT TO C.S. RETIREMENT ACT (YES—NO)	21. DATE OF OATH (ACCESSIONS ONLY)	22. LEGAL RESIDENCE
M	W	FROM: 118/95400(01) 100 01 TO:	No	5-17-48	New York

U. S. GOVERNMENT PRINTING OFFICE 1947—722548

1. EM' E COPY

STANDARD FORM 50 (9 PART)
UNITED STATES
CIVIL SERVICE COMMISSION
OCTOBER, 1946

FORM APPROVED.
BUDGET BUREAU NO. 50-R364.

E... ..IC COOPERATION ADMINISTRATIO..

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR.—MISS—MRS.—FIRST—MIDDLE INITIAL—LAST): Mr. E. Howard Hunt, Jr.
2. DATE OF BIRTH: 10-9-18
3. JOURNAL OR ACTION NO.: - 64
4. DATE: 5-17-48

This is to notify you of the following action affecting your employment:

5. NATURE OF ACTION (USE STANDARD TERMINOLOGY): Temporary Appointment, C.S. Reg. 2.114(a)
6. EFFECTIVE DATE: 5-17-48
7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY:

	FROM	TO
8. POSITION TITLE		Information and Editorial Spec.
9. SERVICE, GRADE, SALARY		CAF-12, $5905.20 per annum CSC No. 103 - Series 1230
10. ORGANIZATIONAL DESIGNATIONS		Press Information Division
11. HEADQUARTERS		Washington, D. C.
12. FIELD OR DEPT'L	☐ FIELD ☐ DEPARTMENTAL	☐ FIELD ☒ DEPARTMENTAL

13. REMARKS

Subject to loyalty and security check.
Subject to satisfactory medical examination.
Affidavit "Striking Against the Federal Government" signed.
Not eligible for within grade salary advancements.
Entrance efficiency rating: Good

[signature]
Acting Director of Personnel
14. SIGNATURE OR OTHER AUTHENTICATION

15. VETERAN'S PREFERENCE

NONE	5 PT.	10 POINT DISAB.	10 POINT WIFE	10 POINT WIDOW	WWII	WWI	OTHER
	x				x		

16. POSITION CLASSIFICATION ACTION

NEW	VICE	I.A.	REAL	
		x		CSC No. 103, 5/14/48

17. SEX: M
18. RACE: W
19. APPROPRIATION FROM: 118/95400(01) 100 01 TO:
20. SUBJECT TO C.S. RETIREMENT ACT (YES—NO): No
21. DATE OF OATH (ACCESSIONS ONLY): 5-17-48
22. LEGAL RESIDENCE: New York

U. S. GOVERNMENT PRINTING OFFICE, 1947—721540

AFFIDAVIT

STRIKING AGAINST THE FEDERAL GOVERNMENT

Economic Cooperation Administration
(Dept. or Estab) ________ (Bureau or Office)

Washington, D. C.
(Place of Employment)

I. I, ...E. Howard Hunt, Jr.............., do hereby swear (or affirm) that I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not while a Government employee become a member of such an organization.

II. I am loyal to the United States, its Constitution and form of Government, and I am not now a member of any organization advocating, to the best of my belief, contrary views, nor have I ever been a member of any organization advocating, to the best of my belief, contrary views during the period of my membership.

E. Howard Hunt, Jr.
(Signature of Employee or Appointee)

Subscribed and sworn to before me this 17th day of May, 1948 at Washington, D. C., State of

Mary T. Nakamura (Name) Appointment Clerk (Title)
Economic Cooperation Administration, Washington, D. C.
Act of June 26, 1943, Sec. 206

14-00000

Standard Form No. 61
Approved January 28, 1941
U. S. Civil Service Commission
C. S. C. Dept. Cir. No. 437

OATH OF OFFICE, AFFIDAVIT, AND DECLARATION OF APPOINTEE

Economic Cooperation Administration (Department or Establishment) (Bureau or Division) Washington, D. C. (Place of Employment)

A. OATH OF OFFICE

I, E. Howard Hunt, Jr.

Do solemnly swear (or affirm) that I will support and defend the constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. SO HELP ME GOD.

B. AFFIDAVIT

Do further swear (or affirm) that I do not advocate, nor am I a member of any political party or organization that advocates the overthrow of the Government of the United States by force or violence; and that during such time as I am an employee of the Federal Government, I will not advocate nor become a member of any political party or organization that advocates the overthrow of the Government of the United States by force or violence.

C. DECLARATION OF APPOINTEE

Do further certify that (1) I have not paid or offered or promised to pay any money or other thing of value to any person, firm, or corporation for the use of influence to procure my appointment; (2) I will inform myself of and observe the provisions of the Civil Service law and rules and Executive orders concerning political activity, political assessments, etc., as quoted on the attached Information for Appointee, and [strike out either (3) or (4)]

~~(3) the answers given by me in the Declaration of Appointee on the reverse of this sheet are true and correct;~~

(4) the answers contained in my Application for Federal Employment, Form No. 57, dated 12 May, 19.., filed with the above-named department or establishment, which I have reviewed, are true and correct as of this date, except for the following (if necessary, use additional sheet; if no exceptions write "none"; if (4) is executed, the reverse of this sheet need not be used):

E. Howard Hunt Jr.
(Signature of Appointee)

Subscribed and sworn before me this 17th day of May A. D., 1948

at Washington, D. C. (City) (State)

[SEAL]

(Signature of Officer)

Appointment Clerk, Economic Cooperation Admin
Act of June 26, 1943, Section 206

NOTE.—If the oath is taken before a Notary Public the date of expiration of his commission should be shown

5-17-48 (Date of Entrance on Duty) Information and Editorial Spec, CAF-12 (Position to which appointed) 10-9-18 (Date of Birth)

14-00000

DECLARATION OF APPOINTEE

This form, if required, is to be completed before entrance on duty. Every question must be answered. Any false statement in this declaration will be grounds for cancellation of application or dismissal after appointment. False persuasion is a criminal offense and will be prosecuted accordingly.

1. Present Address: 80 Willett Street (Street and Number) Albany 6, N.Y. (City and State)

2. Who should be notified in case of emergency? Mrs. E. K. Hunt (Name) Mother (Relationship)

80 Willett St. (Street and Number) Albany 6, N.Y. (City and State) Telephone: 3-6218

3. Does the U.S. Government employ in a civilian capacity any relative of yours (either by blood or marriage) with whom you live or have lived within the past 6 months? Yes or No .... If so, for each such relative fill in the blanks below. If additional space is necessary, complete under Item 12.

Name	Post-office address (Give street number, if any)	(1) Position and (2) Temporary or not, and (3) Department or office in which employed	Relationship	Married or single	Age
		1.			
		2.			
		3.			
		1.			
		2.			
		3.			
		1.			
		2.			
		3.			

4. Place of birth .... (Town) .... (State or Country)

Indicate "Yes" or "No" answer by placing X in proper column	Yes	No
5. Are you a citizen of the United States?		
6. If foreign born, have you furnished proof of naturalization or citizenship to (1) the U. S. Civil Service Commission?		
(2) this agency in connection with this appointment?		
7. Since you filed application resulting in this appointment, has there been any change in the status of your citizenship or of the persons through whom you gained your citizenship?		
8. (a) Do you hold any position or office under the United States or any State, Territory, County, or Municipality? If so, state the place, position, and salary under Item 12.		
(b) Are you willing to resign such position or office if it becomes necessary to do so in order to hold the Federal position?		
9. Do you receive any pension or other benefit for military or naval service or an annuity from the U.S. or D.C. Government under any Retirement Act? If so give details under Item 12, stating whether you were retired for age, length of service or disability, amount of retirement pay and under what retirement act, and rank, if retired from military or naval service.		
10. Since you filed application resulting in this appointment, have you been discharged for misconduct or unsatisfactory service, or forced to resign from any position? If so, give under Item 12 where employed, name and address of employer and the reason for discharge in each case.		
11. Since you filed application resulting in this appointment, have you been arrested, or summoned into any civil or military court as a defendant, or indicted for or convicted of any offense (felony or misdemeanor)? If so, for each case give under Item 12 (1) the date, (2) the name and location of the court, (3) the nature of the offense or violation, and (4) the penalty, if any, imposed, or other disposition.		

12. Space for detailed answers to other questions.

ITEM NO.	Write in left column numbers of items to which detailed answers apply

INSTRUCTIONS TO APPOINTING OFFICER

The appointing officer before whom the foregoing certificate is made shall determine to his own satisfaction that the appointment would be in conformance with the Civil Service Act, applicable civil-service rules, the War Service Regulations, and acts of Congress pertaining to appointment.

This form should be checked for holding of office, pension, purchase of office, [illegible] in connection with any recommendation [illegible] to observe provisions regarding political activity, and particularly to the following:

(1) Identity of appointee with the applicant whose appointment was authorized. The appointee's signature and handwriting are to be compared with [illegible] application and other pertinent papers. [illegible] the appointee [illegible] with his previous statements.

(2) Age. [illegible] between the date of birth and that on application and [illegible] should be determined that appointee is not outside the age range for appointment.

(3) Citizenship. — The responsibility for [illegible] of appointees [illegible]

[illegible] The Civil Service Commission indicates on applications showing foreign birth that citizenship has been verified. The appointing officer should verify [illegible] or the letter of authority from the Commission [illegible] proof of citizenship or if the application shows [illegible] that citizenship has been proved. [illegible] foreign birth and the application [illegible] in the United States, the case should be referred to the Civil Service Commission.

(4) Members of Family. — Section 9 of the Civil Service Act provides that whenever there are already two or more members of a family in the classified service, no other member of such family is eligible for appointment in that service. [illegible] Doubtful cases involving more than two members of a family, [illegible] all pertinent evidence, should be referred to the Civil Service Commission [illegible] Under [illegible] provision does not apply to temporary appointments [illegible]

Army of the United States

[illegible]

14-00000

14-00000

BUREAU OF NAVIGATION

14-00000

Army of the United States

Honorable Discharge

Army of the United States

14-00000

[illegible]ISTED RECORD OF

[illegible]



[illegible]

14-00000

STANDARD FORM 57- NOV. 1947
U. S. CIVIL SERVICE COMMISSION

[APPLIC]ATION FOR FEDERAL EMPL[OYMENT]

APPROVAL EXPIRES

INSTRUCTIONS. In order to prevent delay in consideration of your application, answer every question on this form clearly and completely. Type, write or print in INK. In applying for a specified United States Civil Service examination, read the examination announcement carefully and follow all instructions. If you are applying for a WRITTEN examination, follow the instructions on the admission card regarding disposition of this application. If you are applying for an UNWRITTEN examination, mail this application to the office named in the announcement. Be sure to mail to the same office any other forms required by the announcement. Notify the office with which you file this application of any change in your address.

DO NOT WRITE IN THIS BLOCK
For Use of Civil Service Commission Only

APPLICATION NO.

1 NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR

2 OPTION(S) (if mentioned in examination announcement)

3 PLACE OF EMPLOYMENT APPLIED FOR (City and State)

4 DATE OF THIS APPLICATION: 17 May 1948

5 Mr. (First name) (Middle) (Maiden, if any) (Last)
Mr. (Everette) Howard Hunt (Jr.)

6 (A) STREET AND NUMBER OR R. D. NUMBER
30 Willett Street

(B) CITY OR POST OFFICE (including postal zone) AND STATE
Albany 6, New York

7 LEGAL OR VOTING RESIDENCE (State): New York

8 (A) OFFICE PHONE: 4-2101 (B) HOME PHONE: 3-6218

9 DATE OF BIRTH (month, day, year): Oct.9,1918

10 ☐ MARRIED ☒ SINGLE

11 PLACE OF BIRTH (city and State, if born outside U. S., name city and country)
Hamburg, Erie County, New York

12 ☒ MALE ☐ FEMALE

13 (A) HEIGHT WITHOUT SHOES: 5 FEET 9 INCHES (B) WEIGHT: 165 POUNDS

14 (A) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? ☐ YES ☒ NO
(B) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE

OPTION	GRADE	EARNED RATING	PREFERENCE	AUGM. RATING
			☐ 5 POINTS (TENT.)	
			☐ 10 POINTS	
			☐ WIFE OR WIDOW	
			☐ DISAL.	
			☐ BEING INVESTIGATED	
INITIALS AND DATE				

☐ APPOR. ☐ NON APPOR. MATERIAL ☐ SUBMITTED ☐ RETURNED ENTERED REGISTER
NOTATIONS: APP. REVIEW: APPROVED:

15 (A) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? $4,500 PER YEAR
You will not be considered for any position with a lower entrance salary

(B) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT, IF OFFERED, FOR
☐ 1 TO 3 MONTHS ☐ 3 TO 6 MONTHS ☐ 6 TO 12 MONTHS

NOTE. Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a probational appointment

(C) IF YOU ARE WILLING TO TRAVEL, SPECIFY:
☐ OCCASIONALLY ☒ FREQUENTLY ☐ CONSTANTLY

(D) CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED:
☒ IN WASHINGTON, D. C. ☐ ANYWHERE IN THE UNITED STATES
☒ OUTSIDE THE UNITED STATES

(E) IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, GIVE ACCEPTABLE LOCATIONS:

16 EXPERIENCE. It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appointing officers of agencies to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back, explaining clearly the principal tasks which you performed in each position, accounting for all periods of unemployment. Experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent religious, civic, welfare, or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Military experience should be described in the space below in its proper sequence.

(a) If you were ever employed in any position under a name different from that shown in Item 5 of this application, give under "Description of your work" for each position, the name used.

(b) If you have never been employed or are now unemployed, indicate that fact in the space provided below i.e. "Present Position."

PRESENT POSITION

①

DATES OF EMPLOYMENT (month, year): FROM 1947 TO PRESENT TIME

EXACT TITLE OF YOUR PRESENT POSITION: Self employed

CLASSIFICATION GRADE (if in Federal Service)

SALARY OR EARNINGS: STARTING $ PER; PRESENT $5000 PER year

PLACE OF EMPLOYMENT (city and State): Albany, N.Y.

NAME AND TITLE OF IMMEDIATE SUPERVISOR

NAME AND ADDRESS OF EMPLOYER (firm, organization or person; if Federal, name department, bureau or establishment, and division)

KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale silk, insurance agency, manufacture of locks, etc.): writing

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU

REASON FOR DESIRING TO CHANGE EMPLOYMENT: Interest in ECA

DESCRIPTION OF YOUR WORK: authoring novels and magazine stories.

(CONTINUED ON NEXT PAGE)

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(5) DATES OF EMPLOYMENT (month, year) FROM TO | EXACT TITLE OF YOUR POSITION | SALARY OR EARNINGS STARTING $ PER FINAL $ PER

PLACE OF EMPLOYMENT (city and State) | NAME AND TITLE OF IMMEDIATE SUPERVISOR

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person. If Federal, name department, bureau or establishment, and division) | KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale silk, insurance agency, manufacture of locks, etc.)

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU | REASON FOR LEAVING

DESCRIPTION OF YOUR WORK

If more space is required, use a continuation sheet (Standard Form No. 58) or a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.

17. MILITARY TRAINING. In the space below, describe any training received in the Armed Services (not already listed under Item 16) that would assist appointing officers in placing you most effectively. Indicate actual amount of training received, such as hours per week. Detailed information regarding any special service schools you attended is especially important. (Extra pages may be used to give full descriptions.)

DATES FROM	DATES TO	LOCATION	DESCRIPTION OF TRAINING
2/41	5/41	U.S.Naval Academy	USNR Midshipman's Course
1/44	6/44	Miami Beach	AAF/OCS
6/44	8/44	Orlando,Fla	AAF Combat Intelligence School
1/45	3/45	Catalina Island	Office of Strategic Services Clandestine School

18. EDUCATION (Circle highest grade completed). 1 2 3 4 5 6 7 8 9 10 11 (12)

MARK (X) THE APPROPRIATE BOX TO INDICATE SATISFACTORY COMPLETION OF: ☐ ELEMENTARY SCHOOL ☐ JUNIOR HIGH SCHOOL ☒ SENIOR HIGH SCHOOL

(A) GIVE NAME AND LOCATION OF LAST HIGH SCHOOL ATTENDED: Hamburg High School, N.Y.

(B) SUBJECTS STUDIED IN HIGH SCHOOL WHICH APPLY TO POSITION DESIRED

(C) NAME AND LOCATION OF COLLEGE OR UNIVERSITY	MAJOR AND SPECIALTY	DATES ATTENDED FROM	DATES ATTENDED TO	YEARS COMPLETED DAY	YEARS COMPLETED NIGHT	DEGREES CONFERRED TITLE	DEGREES CONFERRED DATE	SEMESTER HOURS CREDIT
Brown University Providence,R.I.	English	1936	1940	4		AB	June 1940	

(D) LIST YOUR CHIEF UNDERGRADUATE COLLEGE SUBJECTS	SEMESTER HOURS	LIST YOUR CHIEF GRADUATE COLLEGE SUBJECTS	SEMESTER HOURS
English Literature			
Economics			
Sociology			

(E) OTHER TRAINING SUCH AS VOCATIONAL, BUSINESS, STUDY COURSES GIVEN THROUGH THE ARMED FORCES INSTITUTE (show name and location of school) OR "IN SERVICE TRAINING" IN PUBLIC OR PRIVATE EMPLOYMENT

SUBJECTS STUDIED	DATES ATTENDED FROM	DATES ATTENDED TO	YEARS COMPLETED DAY	YEARS COMPLETED NIGHT

19. INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES

Language	READING	SPEAKING	UNDERSTANDING
Spanish	x	x	x

22. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (such as pilot, electrician, radio operator, teacher, lawyer, CPA, etc.)? ☐ YES ☒ NO GIVE KIND OF LICENSE AND STATE.

FIRST LICENSE OR CERTIFICATE (YEAR)

LATEST LICENSE OR CERTIFICATE (YEAR)

20. IF YOU HAVE TRAVELED OR RESIDED IN ANY FOREIGN COUNTRIES, INDICATE (1) NAMES OF COUNTRIES (2) DATES AND LENGTH OF TIME SPENT THERE, AND (3) REASON OR PURPOSE (e.g., military service, business, education, vacation)

See list attached

21. LIST ANY SPECIAL SKILLS YOU POSSESS AND MACHINES AND EQUIPMENT YOU CAN USE, SUCH AS SHORTHAND, RADIO, COMPTOMETER, KEY PUNCH, TURRET LATHE, SCIENTIFIC OR PROFESSIONAL DEVICES

APPROXIMATE NUMBER OF WORDS PER MINUTE IN TYPING   SHORTHAND

23. GIVE ANY SPECIAL QUALIFICATIONS NOT COVERED ELSEWHERE IN YOUR APPLICATION SUCH AS (1) YOUR MORE IMPORTANT PUBLICATIONS (do not submit copies unless requested) (2) YOUR PATENTS OR INVENTIONS (3) PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE (4) MEMBERSHIP IN PROFESSIONAL OR SCIENTIFIC SOCIETIES, ETC. (5) HONORS AND FELLOWSHIPS RECEIVED

Covered in detail: "Who's Who in the East" VolII

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16 CONTINUED

(2) DATES OF EMPLOYMENT (month, year) FROM Jan. 1943 TO Oct. 1943

EXACT TITLE OF YOUR POSITION: War Correspondent

CLASSIFICATION GRADE (if in Federal service):

SALARY OR EARNINGS: STARTING $ 600 PER Month; FINAL $

PLACE OF EMPLOYMENT (city and State): New York, N.Y.

NAME AND TITLE OF IMMEDIATE SUPERVISOR: Dan Longwell - Editor

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division): "LIFE"

KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale silk, insurance agency, manufacture of locks, etc.): Publishing

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU:

REASON FOR LEAVING: Enlisting in AAF

DESCRIPTION OF YOUR WORK: Travel with Naval combat group in S. Pacific. Report results of actions.

(3) DATES OF EMPLOYMENT (month, year) FROM Oct. 1942 TO Jan. 1943

EXACT TITLE OF YOUR POSITION: Script Writer

CLASSIFICATION GRADE (if in Federal service):

SALARY OR EARNINGS: STARTING $ 600 PER Month; FINAL $

PLACE OF EMPLOYMENT (city and State): New York, N.Y.

NAME AND TITLE OF IMMEDIATE SUPERVISOR: Louis de Rochemont - Editor

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division): The March of Time (Cinema)

KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale silk, insurance agency, manufacture of locks, etc.): Newsreel producers

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU:

REASON FOR LEAVING: go overseas w/Life

DESCRIPTION OF YOUR WORK: Developing screen narrative of a particular subject - writing narration to footage. Writing + producing Naval Training Films

(4) DATES OF EMPLOYMENT (month, year) FROM TO

EXACT TITLE OF YOUR POSITION:

CLASSIFICATION GRADE (if in Federal service):

SALARY OR EARNINGS: STARTING $ PER; FINAL $ PER

PLACE OF EMPLOYMENT (city and State):

NAME AND TITLE OF IMMEDIATE SUPERVISOR:

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division):

KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale silk, insurance agency, manufacture of locks, etc.):

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU:

REASON FOR LEAVING:

DESCRIPTION OF YOUR WORK:

24. REFERENCES: List three persons living in the States or Territories of the United States who are not related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 16 (EXPERIENCE).

FULL NAME	PRESENT BUSINESS OR HOME ADDRESS (Give complete current address, including street and number)	BUSINESS OR OCCUPATION
1. Maj. Gen. Wm. J. Donovan	2 Wall Street, New York 5, N.Y.	Attorney
2. John C. Farrar	53 East 34th Street, New York 16	Publisher
3. Raymond Rubicam	444 Madison Avenue, New York 18	Executive

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES | NO
25. MAY INQUIRY BE MADE OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER, QUALIFICATIONS, ETC.?	Yes
26. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?	Yes
27. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY, U.S.A., OR ANY COMMUNIST ORGANIZATION?	No
28. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?	No
29. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR OF AN ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH HAS ADOPTED A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR OF SEEKING TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS?	No
If your answer to question 27, 28, or 29 above is "yes," state in Item 39 the names of all such organizations, associations, movements, groups, or combination of persons and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities therein.	
30. SINCE YOUR 16TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDICTED, OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR SUMMONED INTO COURT OR IMPRISONED OR PLACED ON PROBATION OR HAVE OR CONVICTED, FINED, OR IMPRISONED OR PLACED ON PROBATION, OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE (EXCLUDING MINOR TRAFFIC VIOLATIONS FOR WHICH A FINE OR FORFEITURE OF $25 OR LESS WAS IMPOSED)? *If your answer is "Yes," list all such cases under Item 39 below. Give in each case (1) the date; (2) the nature of the offense or violation; (3) the name and location of the court; (4) the penalty imposed, if any, or other disposition of the case. If appointed, your fingerprints will be taken.*	No
31. HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION? *If your answer is "Yes," give in Item 39 the name and address of employer, date, and reason in each case.*	No
32. HAVE YOU EVER BEEN BARRED BY THE U.S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMENTS? *If your answer is "Yes," give dates of and reasons for such debarment in Item 39.*	No
33. HAVE YOU ANY PHYSICAL HANDICAP, DISEASE, OR OTHER DISABILITY WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO WORK? *If your answer is "Yes," give complete details in Item 39 so that consideration can be given to your physical fitness for the job.*	No
34. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? *If your answer is "Yes," give complete details in Item 39.*	No

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
35. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? *If your answer is "Yes," give details in Item 39.*		
36. DOES THE UNITED STATES GOVERNMENT EMPLOY IN A CIVILIAN CAPACITY ANY RELATIVE OF YOURS (BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS? *If your answer is "Yes," show in Item 39 for EACH such relative (1) full name, (2) present address, (3) relationship, (4) Department or Agency by which employed, and (5) kind of appointment.*		

SPECIAL INSTRUCTIONS FOR CLAIMING VETERAN PREFERENCE

A. If you are claiming preference as a PEACETIME VETERAN who has been awarded a campaign badge or service ribbon, or as a DISABLED VETERAN, or as the WIFE OF A DISABLED VETERAN, or as the WIDOW OF A WAR OR CAMPAIGN VETERAN, attach Veteran Preference Claim, CSC Form 14, together with proof specified therein.

B. If you are a WAR-TIME VETERAN not claiming disability preference, you should NOT submit your discharge with this application. Preference will be tentatively credited to you and if appointed, you will be required to submit to the appointing officer prior to entry on duty, official evidence of separation from active service in the armed forces of the United States in time of war.

	YES	NO
37. (A) WERE YOU EVER IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR?	X	
(B) IS THE WORD "HONORABLE" OR THE WORD "SATISFACTORY" USED IN YOUR DISCHARGE OR SEPARATION PAPERS TO SHOW THE TYPE OF YOUR DISCHARGE OR SEPARATION?	X	
(C) WAS SERVICE PERFORMED ON AN ACTIVE FULL-TIME BASIS, WITH FULL MILITARY PAY AND ALLOWANCES?	X	

(D) DATE(S) OF ENTRANCE INTO SERVICE: July 1940 / Sept. 1943 — DATE(S) OF SEPARATIONS: ~~March~~ October 1942 / March 1946

BRANCH OF SERVICE (Army, Navy, Marine Corps, Coast Guard, etc.): Navy - Army — SERIAL NO. (if none, give grade or rating at time of separation): 0-587241/97532

	YES	NO
38. (A) IF YOU SERVED IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING PEACETIME ONLY, DID YOU PARTICIPATE IN A CAMPAIGN OR EXPEDITION AND RECEIVE A CAMPAIGN BADGE OR SERVICE RIBBON?	X	X
(B) ARE YOU A DISABLED VETERAN? *If so, and you have not listed your disability in answer to Item 33, explain in Item 39 below.*		X
(C) ARE YOU A VETERAN'S WIDOW WHO HAS NOT REMARRIED?		X
(D) ARE YOU THE WIFE OF A VETERAN WHO HAS A SERVICE CONNECTED DISABILITY WHICH DISQUALIFIES HIM FOR CIVIL SERVICE APPOINTMENT?		

THIS SPACE FOR USE OF APPOINTING OFFICER ONLY

The information contained in the answers to Question 37 above has been verified by comparison with the discharge certificate on 6-1 , 19 48

Agency: Title:

39. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS (indicate item numbers to which answers apply)

ITEM NO.		ITEM NO.	

If more space is required, use paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.

Before signing this application check back over it to make sure that you have answered ALL questions correctly.

I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

False statement on this application is punishable by Law (U. S. Code, Title 18, Section 80).

SIGNATURE OF APPLICANT: E. Howard Hunt, Jr.

(Sign your name in INK (one given name, initial or initials, and surname). If married woman, Mrs. or Miss and if married your given name as "Mrs. Mary L. Doe")

AFFIDAVIT
STRIKING AGAINST THE FEDERAL GOVERNMENT
DEPARTMENT OF STATE

_______________ Economic Cooperation Administration
(Place of Employment) (Office or Division)

I E. Howard Hunt, Jr., do hereby swear (or affirm) that I have not engaged in any strike against the Government of the United States, that I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not while a Government employee become a member of such an organization.

E. Howard Hunt Jr.
(Signature of Employee or Appointee)

Subscribed and sworn to before me this 3 day of June, 19 48
at Washington, State of DC

Marvin W Wolf
(Signature of Officer)

Notary Public
(Title)

NOTE: Any officer or employee of the Department of State who is designated in writing by the Secretary to administer oaths in connection with employment as required by law is authorized to administer the affidavit required incidental to the foregoing and such affidavit must be administered without charge or fee and has the same force and effect as affidavits administered by officers having seals.

STATUTORY PENALTY CLAUSE: "Any person who engages in a strike against the Government of the United States or who is a member of an organization of Government employees that asserts the right to strike against the Government of the United States *** and accepts employment the salary or wages for which are paid from any appropriation contained in this Act shall be guilty of a felony and, upon conviction, shall be fined not more than $1,000 or imprisoned for not more than one year, or both: Provided further, that the above penalty clause shall be in addition to, and not in substitution for, any other provisions of existing law."

Standard Form No. 61
Approved January 28, 1943
U. S. Civil Service Commission
C. S. C. Dept. Cir. No. 400

O. . .I OF OFFICE, AFFIDA . .,
AND
DECLARATION OF APPOINTEE

Economic Cooperation Administration
(Department or Establishment) (Bureau or Division) (Place of Employment)

A. OATH OF OFFICE

I, E. Howard Hunt, Jr.
Do solemnly swear (or affirm) that I will support and defend the constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. SO HELP ME GOD.

B. AFFIDAVIT

Do further swear (or affirm) that I do not advocate, nor am I a member of any political party or organization that advocates the overthrow of the Government of the United States by force or violence; and that during such time as I am an employee of the Federal Government, I will not advocate nor become a member of any political party or organization that advocates the overthrow of the Government of the United States by force or violence.

C. DECLARATION OF APPOINTEE

Do further certify that (1) I have not paid or offered or promised to pay any money or other thing of value to any person, firm, or corporation for the use of influence to procure my appointment; (2) I will inform myself of and observe the provisions of the Civil Service law and rules and Executive orders concerning political activity, political assessments, etc., as quoted on the attached Information for Appointee; and [strike out either (3) or (4)]

(3) the answers given by me in the Declaration of Appointee on the reverse of this sheet are true and correct;

(4) the answers contained in my Application for Federal Employment, Form No. ...., dated ...., 19......, filed with the above-named department or establishment, which I have reviewed, are true and correct as of this date, except for the following (if necessary, use additional sheet; if no exceptions write "none"; if (4) is executed, the reverse of this sheet need not be used):

E Howard Hunt Jr.
(Signature of Appointee)

Subscribed and sworn before me this 9 day of June A. D., 1948
at Washington DC
(City) (State)

Marvin W Will

[SEAL]

My commission expires 14 Dec., 1948

Notary Public
(Official Title of Officer)
(Title)

NOTE.—If the oath is taken before a Notary Public the date of expiration of his commission should be shown

14—33543-3

9 June, 1948	F3S-5; U.S. Media Specialist	Oct. 9, 1918
(Date of Entrance on Duty)	(Position to which appointed)	(Date of Birth)

DECLARATION OF APPOINTEE

This form, if required, is to be completed before entrance on duty. Every question must be answered. Any false statement in this declaration will be grounds for cancelation of application or dismissal after appointment. False personation is a criminal offense and will be prosecuted accordingly.

1. Present Address: 50 Willett St. (Street and Number) Albany 6, N.Y. (City and State)

2. Who should be notified in case of emergency? Mrs. E. W. Hunt (Name) mother (Relationship)

50 Willett St. (Street and Number) Albany 6, N.Y. (City and State)

3. Does the U. S. Government employ in a civilian capacity any relative of yours (either by blood or marriage) with whom you live or have lived within the past 6 months? Yes or No? No. If so, for each such relative fill in the blanks below. If additional space is necessary, complete under Item 12.

Name	Post-office address (Give street number, if any)	(1) Position and (2) Temporary or not, and (3) Department or office in which employed	Relationship	Married or single	Age
		1. 2. 3.			
		1. 2. 3.			
		1. 2. 3.			

4. Place of birth: Hamburg, (Town) Erie County, N.Y. (State or Country)

Indicate "Yes" or "No" answer by placing X in proper column	Yes	No
5. Are you a citizen of the United States?	X	
6. If foreign born, have you furnished proof of naturalization or citizenship to (1) the U. S. Civil Service Commission? (2) this agency in connection with this appointment?		
7. Since you filed application resulting in this appointment, has there been any change in the status of your citizenship, or of the persons through whom you gained your citizenship?		X
8. (a) Do you hold any position or office under the United States or any State, Territory, County, or Municipality? If so, state the place, position, and salary under Item 12.		X
(b) Are you willing to resign such position or office if it becomes necessary to do so in order to hold the Federal position?		X
9. Do you receive any pension or other benefit for military or naval service or an annuity from the U.S. or D.C. Government under any Retirement Act? If so, give details under Item 12, stating whether you were retired for age, length of service, or disability; amount of retirement pay and under what retirement act; and rank, if retired from military or naval service.		X
10. Since you filed application resulting in this appointment, have you been discharged for misconduct or unsatisfactory service, or forced to resign from any position? If so, give under Item 12 where employed, name and address of employer and the reason for discharge in each case.		X
11. Since you filed application resulting in this appointment, have you been arrested, or summoned into any civil or military court as a defendant, or indicted for or convicted of any offense (felony or misdemeanor)? If so, for each case give under Item 12 (1) the date, (2) the name and location of the court, (3) the nature of the offense or violation, and (4) the penalty, if any, imposed, or other disposition.		X

12. Space for detailed answers to other questions.

ITEM NO.	Write in left column numbers of items to which detailed answers apply
	ECA Information Specialist
	CAF 12 $5905.20

INSTRUCTIONS TO APPOINTING OFFICER

The appointing officer before whom the foregoing certificate is made shall determine to his own satisfaction that this appointment would be in conformance with the Civil Service Act, applicable civil-service rules, the War Service Regulations, and acts of Congress pertaining to appointment.

This form should be checked for holding of office, pension, purchase of office, suitability in connection with any record of recent discharge or arrest, promise to observe provisions regarding political activity, and particularly for the following:

(1) Identity of appointee with the applicant whose appointment was authorized. The appointee's signature and handwriting are to be compared with the application and/or other pertinent papers. The physical appearance may be checked against the medical certificate. The appointee may also be questioned on his personal history for agreement with his previous statements.

(2) Age.—If discrepancy exists between the date of birth and that on application, and if definite age limits have been established for the position, it should be determined that applicant is not outside the age range for appointment.

(3) Citizenship.—The responsibility for observance of provisions of appropriation acts prohibiting or restricting the employment of aliens lies with the appointing officer. The Civil Service Commission indicates on applications showing foreign birth that citizenship has been verified. The appointing officer should verify citizenship if the list of eligibles or the letter of authority from the Commission makes the appointment subject to proof of citizenship, or if the application shows foreign birth but does not indicate on its face that citizenship has been proved. If the answer to question 4 of this form shows foreign birth and the application shows birth in the United States, the case should be referred to the Civil Service Commission.

(4) Members of Family.—Section 9 of the Civil Service Act provides that whenever there are already two or more members of the family in the classified service, no other member of such family is eligible for appointment in that service. Minors do not establish a different family merely by living at an address different from that of the parents. Doubtful cases involving more than two members of family, including all pertinent evidence, should be referred to the Civil Service Commission or its duly authorized representatives for decision. Under War Service Regulations, the members of family provision does not apply to temporary appointments for one year or less.

14-00000

STANDARD FORM 57 - NOV. 1947
U.S. CIVIL SERVICE COMMISSION

A[illegible]CATION FOR FEDERAL EMPLOYME[illegible]

APPROVAL EXPIRES NOV. [illegible]

INSTRUCTIONS. In order to prevent delay in consideration of your application, answer every question on this form clearly and completely. Type, write or print in INK. In applying for a specific United States Civil Service examination, read the examination announcement carefully and follow all directions. If you are applying for a WRITTEN examination, follow the [illegible] on the admission card regarding disposition of this application. If you are applying for an UNWRITTEN examination, mail this application to the office named in the announcement. Be sure to mail to the same office any other forms required by the announcement. Notify the office with which you file this application of any change in your address.

APPLICATION NO. / ANNOUNCEMENT

1. NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR

2. OPTION(S) (if mentioned in examination announcement)

3. PLACE OF EMPLOYMENT APPLIED FOR (City and State)

4. DATE OF THIS APPLICATION: 17 May 1948

5. (First name) (Middle) (Maiden, if any) (Last): XX (Everette) Howard Hunt (Jr.)

6. (A) STREET AND NUMBER OR R.D. NUMBER: 30 Willett Street

(B) CITY OR POST OFFICE (including postal zone) AND STATE: Albany 6, New York

7. STATE OF VOTING RESIDENCE (State): New York

8. (A) OFFICE PHONE: 4-2101 (B) HOME PHONE: 3-6218

9. DATE OF BIRTH (month, day, year): Oct.9,1918

10. ☐ MARRIED ☒ SINGLE

11. PLACE OF BIRTH (city and State; if born outside U.S., name city and country): Hamburg, Erie County, New York

12. ☒ MALE ☐ FEMALE

13. (A) HEIGHT WITHOUT SHOES: 5 FEET 9 INCHES (B) WEIGHT: 165 POUNDS

14. (A) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? ☐ YES ☒ NO
(B) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE

DO NOT WRITE IN THIS BLOCK
For Use of Civil Service Commission Only

☐ APPVD. ☐ NON APPVD.	MATERIAL ☐ SUBMITTED ☐ RETURNED	ENTERED REGISTER
NOTATIONS:	APP. REVIEW / APPROVED:	

OPTION	GRADE	EARNED RATING	PREFERENCE	AUGM. RATING
			☐ 5 POINTS (TENT.)	
			☐ 10 POINTS	
			☐ WIFE OR WIDOW	
			☐ DISAL.	
			☐ BEING INVESTIGATED	
INITIALS AND DATE				

15. (A) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? $ 4,500 PER YEAR.
You will not be considered for any position with a lower entrance salary.

(B) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT IF OFFERED, FOR: ☐ 1 TO 3 MONTHS ☐ 3 TO 6 MONTHS ☐ 6 TO 12 MONTHS

NOTE. *Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a probational appointment.*

(C) IF YOU ARE WILLING TO TRAVEL, SPECIFY: ☐ OCCASIONALLY ☒ FREQUENTLY ☐ CONSTANTLY

(D) CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED: ☒ IN WASHINGTON, D. C. ☐ ANYWHERE IN THE UNITED STATES ☒ OUTSIDE THE UNITED STATES

(E) IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, GIVE ACCEPTABLE LOCATIONS.

16. EXPERIENCE. It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appointing officers of agencies to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back, explaining clearly the principal tasks which you performed in each position, accounting for all periods of unemployment. Experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent religious, civic, welfare, or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Military experience should be described in the spaces below in its proper sequence.

(a) If you were ever employed in any position under a name different from that shown in Item 5 of this application, give under "Description of your work" for each position, the name used.

(b) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."

① **PRESENT POSITION**

DATES OF EMPLOYMENT (month, year): FROM 1947 TO PRESENT TIME

EXACT TITLE OF YOUR PRESENT POSITION: Self-employed

CLASSIFICATION GRADE (if in Federal Service)

SALARY OR EARNINGS: STARTING $ PER; PRESENT $ 5000 PER year

PLACE OF EMPLOYMENT (city and State): Albany, N.Y.

NAME AND TITLE OF IMMEDIATE SUPERVISOR

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division)

KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale silk, insurance agency, manufacture of locks, etc.): Writing

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU

REASON FOR DESIRING TO CHANGE EMPLOYMENT: Interest in ECA

DESCRIPTION OF YOUR WORK: Authoring novels and magazine stories.

(CONTINUED ON NEXT PAGE)

14-00000

16 CONTINUED

② DATES OF EMPLOYMENT (month, year) FROM Jan. 1943 TO Oct. 1943 | EXACT TITLE OF YOUR POSITION War Correspondent | CLASSIFICATION GRADE (if in Federal service) | SALARY OR EARNINGS STARTING $ — FINAL $ 600 PER Month

PLACE OF EMPLOYMENT (city and State): New York, N.Y.

NAME AND TITLE OF IMMEDIATE SUPERVISOR: Dan Longwell - Editor

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division): "LIFE"

KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale silk, insurance agency, manufacture of locks, etc.): Publishing

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU:

REASON FOR LEAVING: Enlisting in AAF.

DESCRIPTION OF YOUR WORK

Travel with Naval combat groups in S. Pacific. Report results of action.

③ DATES OF EMPLOYMENT (month, year) FROM Oct. 1942 TO JAN. 1943 | EXACT TITLE OF YOUR POSITION Script Writer | CLASSIFICATION GRADE (if in Federal service) | SALARY OR EARNINGS STARTING $ — FINAL $ 600 PER Month

PLACE OF EMPLOYMENT (city and State): New York, N.Y.

NAME AND TITLE OF IMMEDIATE SUPERVISOR: Louis de Rochemont - Editor

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division): The March of Time (Cinema)

KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale silk, insurance agency, manufacture of locks, etc.): Newsreel producers

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU:

REASON FOR LEAVING: go overseas w/"Life"

DESCRIPTION OF YOUR WORK

Developing screen narrative of a particular subject - writing narration to footage writing + producing Naval Training Films.

④ DATES OF EMPLOYMENT (month, year) FROM: TO: | EXACT TITLE OF YOUR POSITION | CLASSIFICATION GRADE (if in Federal service) | SALARY OR EARNINGS: STARTING $ PER FINAL $ PER

PLACE OF EMPLOYMENT (city and State)

NAME AND TITLE OF IMMEDIATE SUPERVISOR

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division)

KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale silk, insurance agency, manufacture of locks, etc.)

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU

REASON FOR LEAVING

DESCRIPTION OF YOUR WORK

16-59065-1

(5) DATES OF EMPLOYMENT (month, year) FROM TO | EXACT TITLE OF YOUR POSITION | CLASSIFICATION (if in Federal service) | SALARY OR EARNINGS STARTING $ PER FINAL $ PER

PLACE OF EMPLOYMENT (city and State) | NAME AND TITLE OF IMMEDIATE SUPERVISOR

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division) | KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.)

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU | REASON FOR LEAVING

DESCRIPTION OF YOUR WORK

If more space is required, use a continuation sheet (Standard Form No. 58) or a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.

17. MILITARY TRAINING. In the space below, describe any training received in the Armed Services not already listed under Item 16) that would assist appointing officers in placing you most effectively. Indicate actual amount of training received, such as hours per week. Detailed information regarding any special service schools you attended is especially important. (Extra pages may be used to give full descriptions.)

DATES FROM	DATES TO	LOCATION	DESCRIPTION OF TRAINING
2/41	5/41	U.S.Naval Academy	USNR Midshipman's Course
1/44	6/44	Miami Beach	AAF/OCS
6/44	8/44	Orlando,Fla	AAF Combat Intelligence School
1/45	3/45	Catalina Island	Office of Strategic Services Clandestine School

18. EDUCATION. (Circle highest grade completed): 1 2 3 4 5 6 7 8 9 10 11 (12)

MARK (X) THE APPROPRIATE BOX TO INDICATE SATISFACTORY COMPLETION OF: ☐ ELEMENTARY SCHOOL ☐ JUNIOR HIGH SCHOOL ☒ SENIOR HIGH SCHOOL

(A) GIVE NAME AND LOCATION OF LAST HIGH SCHOOL ATTENDED: Hamburg High School, N.Y.

(B) SUBJECTS STUDIED IN HIGH SCHOOL WHICH APPLY TO POSITION DESIRED

(C) NAME AND LOCATION OF COLLEGE OR UNIVERSITY	MAJOR AND SPECIALTY	DATES ATTENDED FROM	TO	YEARS COMPLETED DAY	NIGHT	DEGREES CONFERRED TITLE	DATE	SEMESTER HOURS CREDIT
Brown University Providence,R.I.	English	1936	1940	4		AB	June 1940	

(D) LIST YOUR CHIEF UNDERGRADUATE COLLEGE SUBJECTS	SEMESTER HOURS
English Literature	
Economics	
Sociology	

LIST YOUR CHIEF GRADUATE COLLEGE SUBJECTS | SEMESTER HOURS

(E) OTHER TRAINING SUCH AS VOCATIONAL, BUSINESS, STUDY COURSES GIVEN THROUGH THE ARMED FORCES INSTITUTE (show name and location of school) OR "IN-SERVICE TRAINING" IN PUBLIC OR PRIVATE EMPLOYMENT

SUBJECTS STUDIED	DATES ATTENDED FROM	TO	YEARS COMPLETED DAY	NIGHT

19. INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES

LANGUAGE	READING	SPEAKING	UNDERSTANDING
Spanish	X	X	X

20. IF YOU HAVE TRAVELED OR RESIDED IN ANY FOREIGN COUNTRIES INDICATE (1) NAMES OF COUNTRIES AND STATES AND LENGTH OF TIME SPENT THERE, AND (2) REASON OR PURPOSE (e. g., military service, business, education, recreation)

See list attached

21. LIST ANY SPECIAL SKILLS YOU POSSESS AND MACHINES AND EQUIPMENT YOU CAN USE, SUCH AS OPERATION OF SHORT WAVE RADIO, MULTILITH, COMPTOMETER, KEY-PUNCH, TURRET LATHE, SCIENTIFIC OR PROFESSIONAL DEVICES

APPROXIMATE NUMBER OF WORDS PER MINUTE IN TYPING ..... SHORTHAND .....

22. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (such as pilot, electrician, radio operator, teacher, lawyer, CPA, etc.)? ☐ YES ☒ NO GIVE KIND OF LICENSE AND STATE:

FIRST LICENSE OR CERTIFICATE (YEAR)

LATEST LICENSE OR CERTIFICATE (YEAR)

23. GIVE ANY SPECIAL QUALIFICATIONS NOT COVERED ELSEWHERE IN YOUR APPLICATION SUCH AS (a) YOUR MOST IMPORTANT PUBLICATIONS (do not submit copies unless requested) (b) YOUR PATENTS OR INVENTIONS (c) PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE (d) MEMBERSHIP IN PROFESSIONAL OR SCIENTIFIC SOCIETIES, ETC. (e) HONORS AND FELLOWSHIPS RECEIVED

Covered in detail: "Who's Who in the East" VolII

16—63049-1

24. REFERENCES. List three persons living in the United States or Territories of the United States who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 16 (EXPERIENCE).

FULL NAME	PRESENT BUSINESS OR HOME ADDRESS (Give complete current address, including street and number)	BUSINESS OR OCCUPATION
1. Maj. Gen. Wm. J. Donovan	2 Wall Street, New York 5, N.Y.	Attorney
2. John C. Farrar	53 East 34th Street, New York 18	Publisher
3. Raymond Rubicam	444 Madison Avenue, New York 18	Executive

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
25. MAY INQUIRY BE MADE OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER, QUALIFICATIONS, ETC.?	Yes	
26. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?	Yes	
27. ARE YOU NOW OR HAVE YOU EVER BEEN, A MEMBER OF THE COMMUNIST PARTY, U. S. A., OR ANY COMMUNIST ORGANIZATION?	No	
28. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF A FASCIST ORGANIZATION?	No	
29. ARE YOU NOW OR HAVE YOU EVER BEEN, A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR OF AN ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH HAS ADOPTED A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR SEEKING TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS?	No	
If your answer to question 27, 28, or 29 above is "yes," state in Item 39 the names of all such organizations, associations, movements, groups, or combination of persons and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities therein.		
30. SINCE YOUR 16TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDICTED, OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED, OR IMPRISONED OR PLACED ON PROBATION, OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE (EXCLUDING MINOR TRAFFIC VIOLATIONS FOR WHICH A FINE OR FORFEITURE OF $25 OR LESS WAS IMPOSED)? *If your answer is "Yes," list all such cases under Item 39 below. Give in each case (1) the date; (2) the nature of the offense or violation; (3) the name and location of the court; (4) the penalty imposed, if any, or other disposition of the case. If appointed, your fingerprints will be taken.*	No	
31. HAVE YOU EVER BEEN DISCHARGED, OR FORCED TO RESIGN, FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION? *If your answer is "Yes," give in Item 39 the name and address of employer, date, and reason in each case.*	No	
32. HAVE YOU EVER BEEN BARRED BY THE U. S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMENTS? *If your answer is "Yes," give dates of and reasons for such debarment in Item 39.*	No	
33. HAVE YOU ANY PHYSICAL HANDICAP, DISEASE, OR OTHER DISABILITY WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO WORK? *If your answer is "Yes," give complete details in Item 39 so that consideration can be given to your physical fitness for the job.*	No	
34. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? *If your answer is "Yes," give complete details in Item 39.*	No	

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
35. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? *If your answer is "Yes," give details in Item 39.*		
36. DOES THE UNITED STATES GOVERNMENT EMPLOY IN A CIVILIAN CAPACITY ANY RELATIVE OF YOURS (BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS? *If your answer is "Yes," show in Item 39 for EACH such relative (1) full name, (2) present address, (3) relationship; (4) Department or Agency by which employed, and (5) kind of appointment.*		

SPECIAL INSTRUCTIONS FOR CLAIMING VETERAN PREFERENCE

A. If you are claiming preference as a PEACETIME VETERAN who has been awarded a campaign badge or service ribbon, or as a DISABLED VETERAN, or as the WIFE OF A DISABLED VETERAN, or as the WIDOW OF A WAR OR CAMPAIGN VETERAN, attach Veteran Preference Claim, CSC Form 14, together with proof specified therein.

B. If you are a WAR-TIME VETERAN not claiming disability preference, you should NOT submit your discharge with this application. Preference will be tentatively credited to you and if appointed, you will be required to submit to the appointing officer prior to entry on duty, official evidence of separation from active service in the armed forces of the United States in time of war.

	YES	NO
37. (a) WERE YOU EVER IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR?	X	
(b) IS THE WORD "HONORABLE" OR THE WORD "SATISFACTORY" USED IN YOUR DISCHARGE OR SEPARATION PAPERS TO SHOW THE TYPE OF YOUR DISCHARGE OR SEPARATION?	X	
(c) WAS SERVICE PERFORMED ON AN ACTIVE FULL-TIME BASIS WITH FULL MILITARY PAY AND ALLOWANCES?	X	

(d)

DATES OF ENTRY INTO SERVICE	DATES OF SEPARATIONS
July 1940	October March 1942
Sept. 1943	March 1946
BRANCH OF SERVICE (Army, Navy, Marine Corps, Coast Guard, etc.)	SERIAL NO. (If none, give grade or rating at time of separation).
Engineers Corps Navy- Army	0-587241/97532

	YES	NO
38. (a) IF YOU SERVED IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING PEACETIME ONLY, DID YOU PARTICIPATE IN A CAMPAIGN OR EXPEDITION AND RECEIVE A CAMPAIGN BADGE OR SERVICE RIBBON?	X	
(b) ARE YOU A DISABLED VETERAN? *If so, and you have not listed your disability in answer to Item 33, explain in Item 39 below.*		X
(c) ARE YOU A VETERAN'S WIDOW WHO HAS NOT REMARRIED?		X
(d) ARE YOU THE WIFE OF A VETERAN WHO HAS A SERVICE-CONNECTED DISABILITY WHICH DISQUALIFIES HIM FOR CIVIL SERVICE APPOINTMENT?		X

THIS SPACE FOR USE OF APPOINTING OFFICER ONLY

The information contained in the answers to Question 37 above has been verified by comparison with the discharge certificate on 6-1, 19 48

Agency: .... Title: ....

39. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS (indicate item numbers to which answers apply)

ITEM NO.		ITEM NO.	

If more space is required, use paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.

Before signing this application check back over it to make sure that you have answered ALL questions correctly.

I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

False statement on this application is punishable by Law (U. S. Code, Title 18, Section 80).

SIGNATURE OF APPLICANT [signature]

(Sign your name in INK (one given name, initial or initials, and surname). If female, prefix Miss or Mrs. and if married your own given name as "Mrs. Mary L. Doe")

14-00000

UNITED STATES OF AMERICA
ECONOMIC COOPERATION ADMINISTRATION
OFFICE OF THE SPECIAL REPRESENTATIVE IN EUROPE

2 rue Saint Florentin
PARIS. January 13, 1949.

Dear Howard:

I am genuinely sorry to hear that you feel obliged to resign your post in our Information Division here at ECA in Europe owing to the pressure of personal matters in the States.

All who have worked with you have been impressed by your prompt and efficient handling of assignments - no matter how difficult - as well as by your quick and imaginative grasp of what ECA is attempting to do for the peoples of Europe.

Let me thank you for the splendid work you have done and wish you the best of health and good fortune in the future.

Sincerely yours,

W. A. Harriman

W. A. Harriman
U. S. Special Representative
in Europe.

I am personally sorry we aren't going to have any more trips together
Wally

Mr. Howard Hunt
Information Division
ECA 2 rue Saint Florentin
PARIS.

...RM 50 (9 PART)
...ED STATES
...RVICE COMMISSION
OCTOBER 1946

BUDGET BUREAU NO.

...IC COOPERATION ADMINISTRATION

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR.—MISS—MRS.—FIRST—MIDDLE INITIAL—LAST)	2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
Mr. E. Howard Hunt, Jr.	10-9-18	7	6-9-48

This is to notify you of the following action affecting your employment:

5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)	6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
Separation - Transfer (to Econ. Coop. Admin., Foreign Service)	6-8-48 cob	

FROM		TO
Information and Editorial Spec.	8. POSITION TITLE	
CAF-1[illegible], $5905.[illegible]0 per annum CSC No. 103 - Series 1[illegible]0	9. SERVICE, GRADE, SALARY	
Press Information Division	10. ORGANIZATIONAL DESIGNATIONS	
Washington, D. C.	11. HEADQUARTERS	
☐ FIELD ☐ DEPARTMENTAL	12. FIELD OR DEPT'L	☐ FIELD ☐ DEPARTMENTAL

13. REMARKS

Appointed to Foreign Service, effective 6-9-48.

Annual and sick leave, if any, to be transferred.

V. L. Couch
Director of Personnel
14. SIGNATURE OR OTHER AUTHENTICATION

15. VETERAN'S PREFERENCE

NONE	5 PT.	10 POINT DISAB.	10 POINT WIFE	10 POINT WIDOW	WWI	WWII	OTHER
	x				x		

16. POSITION CLASSIFICATION ACTION

NEW	VICE	L.A.	REAL.	
		x		CSC No. 103 6-14-48

17. SEX	18. RACE	19. APPROPRIATION	20. SUBJECT TO C. S. RETIREMENT ACT (YES—NO)	21. DATE OF OATH (ACCESSIONS ONLY)	22. LEGAL RESIDENCE
M	W	FROM: 118/95400(01) 100 01 TO:	No		New York

U. S. GOVERNMENT PRINTING OFFICE: 1947—

4. PERSONNEL FOLDER COPY

14-00000

FORM FS-348 REVISED 4-15-47

DIVISION OF FOREIGN SERVICE PERSONNEL DEPARTMENT OF STATE ECONOMIC COOPERATION ADMINISTRATION				DATE 6-9-48 JOURNAL NO. 48
NAME (LAST) Hunt	(FIRST) E.	(MIDDLE) Howard Jr.	DATE OF BIRTH 10-9-18	LEGAL AUTHORITY PL 472, 80th
THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT:				SERVICE ECA
NATURE OF ACTION Appointment by Transfer			EFFECTIVE DATE 6-9-48	DATE OF OATH 6-9-48

	FROM	TO
POSITION TITLE		U. S. Media Specialist
CLASS AND TOTAL SALARY		FSS-5, $6120 per annum
POST		Office of Special Representative Information Division Paris, France
BASIC SALARY		
TEMPORARY INCREASE		
APPROPRIATION-ALLOTMENT		118/95400?01) 100 01
POSITION NUMBER		FSS-1230-5-SR-36, admin. allocated 6-9-48

NATURE OF EMPLOYMENT	PERMANENT	TEMPORARY	FULL TIME	PART TIME	PERMANENT X	TEMPORARY	FULL TIME	PART TIME X

RETIREMENT DEDUCTIONS	YES X / NO	AMERICAN X / NON-AMERICAN	VETERAN PREFERENCE	5 POINTS X / 10 POINTS	NATURE OF POSITION: NEW / REALLOCATION / ADDITIONAL IDENTICAL / VICE (NAME) Vacancy X
LEGAL RESIDENCE New York	SEX M	MARITAL STATUS AND CHILDREN UNDER 21 Single			

CONDITIONS AND REQUIREMENTS: ABOVE ACTION AND CONTINUANCE OF STATUS EFFECTED THEREBY ARE SUBJECT TO SUCH CONDITIONS AND REQUIREMENTS LISTED ON REVERSE OF THIS PAGE AS ARE CITED HEREWITH:

REMARKS: Subject to items a, b, e, j, i, g.

Not to exceed the duration of the Foreign Assistance Program.

Affidavit "Striking Against the Federal Government" signed.

Previously employed by Economic Cooperation Administration, Washington, D. C. Departmental Service.

pay card delivered to Mr. Hunt

5

Everett H. Bellows (SIGNATURE)

TITLE: State Department Representative to ECA

GPO 1947-742391

RECEIVING POST

FORM FS 348, REVISED 4-15-47

DIVISION OF FOREIGN SERVICE PERSONNEL
DEPARTMENT OF STATE
ECONOMIC COOPERATION ADMINISTRATION

DATE: 6/9/48
JOURNAL NO.: AS

NAME (LAST)	(FIRST)	(MIDDLE)	DATE OF BIRTH	LEGAL AUTHORITY
Hunt	E.	Howard Jr.	10/9/18	PL 472 - 80th

THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT:

SERVICE: ECA

NATURE OF ACTION	EFFECTIVE DATE	DATE OF OATH
Appointment by transfer--t	6/9/48	6/9/48

	FROM	TO
POSITION TITLE		U.S. Media Specialist
CLASS AND TOTAL SALARY		FSS-5, $6120 pa
POST		Office of Special Representative Information Division
BASIC SALARY		Paris France
TEMPORARY INCREASE		
APPROPRIATION—ALLOTMENT		118/95400(01) 100 01
POSITION NUMBER		FSS-1230-5-SR-36, admin alloc 6/9/48

NATURE OF EMPLOYMENT	PERMANENT	TEMPORARY	FULL TIME	PART TIME	PERMANENT	TEMPORARY	FULL TIME	PART TIME
					X		X	

RETIREMENT DEDUCTIONS				VETERAN PREFERENCE		NATURE OF POSITION	
YES X		AMERICAN X		5 POINTS		NEW	REALLOCATION
NO		NON-AMERICAN		10 POINTS	X	ADDITIONAL IDENTICAL	VICE (NAME) X Vacancy

LEGAL RESIDENCE	SEX	MARITAL STATUS AND CHILDREN UNDER 21
New York	M	Single

CONDITIONS AND REQUIREMENTS: ABOVE ACTION AND CONTINUANCE OF STATUS EFFECTED THEREBY ARE SUBJECT TO SUCH CONDITIONS AND REQUIREMENTS LISTED ON REVERSE OF THIS PAGE AS ARE CITED HEREWITH:

REMARKS: Subject to items a b c e, j, i, g.

Not to exceed the duration of the Foreign Assistance Program.

Affidavit "Striking Against the Federal Government" signed.

Previously employed by ECA, Wash, D.C. Departmental Service.

2

Everett H. Belles (SIGNATURE)
State Department
TITLE Representative to ECA

GPO 1947-757351

FOLDER

14-00000

FORM FS-540, REVISED 6-1947

DIVISION OF FOREIGN SERVICE PERSONNEL

DEPARTMENT OF STATE

ECONOMIC COOPERATION ADMINISTRATION

DATE: 6/9/48

JOURNAL NO.: 4B

NAME (LAST)	(FIRST)	(MIDDLE)	DATE OF BIRTH	LEGAL AUTHORITY
Hunt	E.	Howard Jr.	10/9/18	PL 472 - 80th

THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT:

SERVICE: ECA

NATURE OF ACTION	EFFECTIVE DATE	DATE OF OATH
Appointment by transfer	6/9/48	6/9/48

	FROM	TO
POSITION TITLE		U.S. Media Specialist
CLASS AND TOTAL SALARY		FSS-5, [illegible]
POST		Office of Special Representative, Information Division
BASIC SALARY		Paris, France
TEMPORARY INCREASE		
APPROPRIATION—ALLOTMENT		11-/[illegible](01) 100 01
POSITION NUMBER		FSS-1[illegible]-5-[illegible]-36, Admin Office 6/9/48

NATURE OF EMPLOYMENT	PERMANENT	TEMPORARY	FULL TIME	PART TIME	PERMANENT	TEMPORARY	FULL TIME	PART TIME
					X		X	

RETIREMENT DEDUCTIONS	YES		AMERICAN	X	VETERAN PREFERENCE	5 POINTS	X
	NO		NON-AMERICAN			10 POINTS	

NATURE OF POSITION: NEW / REALLOCATION / ADDITIONAL IDENTICAL / VICE (NAME): X Vacancy

LEGAL RESIDENCE	SEX	MARITAL STATUS AND CHILDREN UNDER 21
New York	M	Single

CONDITIONS AND REQUIREMENTS: ABOVE ACTION AND CONTINUANCE OF STATUS EFFECTED THEREBY ARE SUBJECT TO SUCH CONDITIONS AND REQUIREMENTS LISTED ON REVERSE OF THIS PAGE AS ARE CITED HEREWITH:

Subject to items a b c e. j. i. g.

REMARKS:

Not to exceed the duration of the Foreign Assistance Program.

Affidavit "Striking Against the Federal Government" signed.

Previously employed by ECA, Wash., D.C. Departmental Service.

1

[illegible] (SIGNATURE)

TITLE: [illegible]

☆ GPO: 1947-748381

EMPLOYEE'S COPY

14-00000

DIVISION OF FOREIGN SERVICE PERSONNEL

DEPARTMENT OF STATE

ECONOMIC COOPERATION ADMINISTRATION

DATE: 6-9-48

JOURNAL NO.: 4E

NAME (LAST)	(FIRST)	(MIDDLE)		DATE OF BIRTH	LEGAL AUTHORITY
Hunt	E.	Howard	Jr.	10-9-18	PL 472, 80th

THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT

SERVICE: ECA

NATURE OF ACTION	EFFECTIVE DATE	DATE OF OATH
Appointment by Transfer	6-9-48	6-9-48

	FROM	TO
POSITION TITLE		U. S. Media Specialist
CLASS AND TOTAL SALARY		FSS-5, $6120 per annum
POST		Office of Special Representative Information Division Paris, France
BASIC SALARY		
TEMPORARY INCREASE		
APPROPRIATION-ALLOTMENT		118/95400(01) 100 01
POSITION NUMBER		FSS-1230-5-SR-36, admin. allocated 6-9-48

NATURE OF EMPLOYMENT: FROM — PERMANENT / TEMPORARY / FULL TIME / PART TIME; TO — PERMANENT / TEMPORARY X / FULL TIME / PART TIME X

RETIREMENT DEDUCTIONS: YES X / NO — AMERICAN X / NON-AMERICAN — VETERAN PREFERENCE: 5 POINTS X / 10 POINTS

NATURE OF POSITION: NEW / REALLOCATION / ADDITIONAL IDENTICAL / VICE (NAME): Vacancy

LEGAL RESIDENCE: New York — SEX: M — MARITAL STATUS AND CHILDREN UNDER 21: Single

CONDITIONS AND REQUIREMENTS: ABOVE ACTION AND CONTINUANCE OF STATUS EFFECTED THEREBY ARE SUBJECT TO SUCH CONDITIONS AND REQUIREMENTS LISTED ON REVERSE OF THIS PAGE AS ARE CITED HEREWITH:

REMARKS: Subject to items a, b, e, j, i, g.

Not to exceed the duration of the Foreign Assistance Program.

Affidavit "Striking Against the Federal Government" signed.

Previously employed by Economic Cooperation Administration, Washington, D. C. Departmental Service.

2

Everett H. Bellows

TITLE: State Department Representative to ECA

FOLDER

14-00000

FORM FS-338 REVISED

DIVISION OF FOREIGN SERVICE PERSONNEL

DEPARTMENT OF STATE

ECONOMIC COOPERATION ADMINISTRATION

DATE	JOURNAL NO.
7-7-48	182

NAME (LAST)	(FIRST)	(MIDDLE)		DATE OF BIRTH	LEGAL AUTHORITY
Hunt	E.	Howard	Jr.	10-9-18	PL 472 - 80th

THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT:

SERVICE: ECA

NATURE OF ACTION	EFFECTIVE DATE	DATE OF OATH
Appointment by Transfer - Amendment	6-9-48	6-9-48

	FROM	TO
POSITION TITLE		U. S. Media Specialist
CLASS AND TOTAL SALARY		FSS-5, $6120 per annum
POST		Office of Special Representative. Information Division Paris, France
BASIC SALARY		
TEMPORARY INCREASE		
APPROPRIATION-ALLOTMENT		118/95400(01) 100 01
POSITION NUMBER		FSS-1230-5-HR-36, admin. allocated 6-9-48

NATURE OF EMPLOYMENT	PERMANENT	TEMPORARY	FULL TIME	PART TIME	PERMANENT	TEMPORARY	FULL TIME	PART TIME
						X	X	

RETIREMENT DEDUCTIONS		AMERICAN		VETERAN PREFERENCE		NATURE OF POSITION	
YES	X	AMERICAN	X	5 POINTS	X	NEW	REALLOCATION
NO		NON-AMERICAN		10 POINTS		ADDITIONAL IDENTICAL	VICE (NAME): Vacancy X

LEGAL RESIDENCE	SEX	MARITAL STATUS AND CHILDREN UNDER 21
New York	M	Single

CONDITIONS AND REQUIREMENTS: ABOVE ACTION AND CONTINUANCE OF STATUS EFFECTED THEREBY ARE SUBJECT TO SUCH CONDITIONS AND REQUIREMENTS LISTED ON REVERSE OF THIS PAGE AS ARE CITED HEREWITH:

Subject to items a, b, c, j, i, g, d.

REMARKS: In lieu of Appointment by Transfer on personnel action report dated 6-9-48 indicating "Not to exceed the duration of the Foreign Assistance Program" instead of the following statement., and omitting subject to item d.

Limited appointment. Duration limited to the period in which appointee's services are required by ECA and in any case limited to the duration of ECA.

Affidavit "Striking Against the Federal Government" signed.

Previously employed by Economic Cooperation Administration, Washington, D. C., Departmental Services.

Melbourne L. Spector
TITLE: Assistant State Department Representative to ECA

FOLDER

14-00000

FORM FS-349, REVISED 4-19-47

DIVISION OF FOREIGN SERVICE PERSONNEL

DEPARTMENT OF STATE

ECONOMIC COOPERATION ADMINISTRATION

DATE	JOURNAL NO.	LEGAL AUTHORITY
7/7/48	13E	PL 472 80th

NAME (LAST)	(FIRST)	(MIDDLE)	DATE OF BIRTH
HUNT	E.	HOWARD JR.	10-9-18

THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT:

SERVICE: ECA

NATURE OF ACTION	EFFECTIVE DATE	DATE OF OATH
Appointment by transfer - Amendment	6/9/48	[illegible]/9/48

	FROM	TO
POSITION TITLE		U.S. Media Speci list
CLASS AND TOTAL SALARY		FSS-[illegible] [illegible]
POST		Office of Special Representative Information Division Paris, France
BASIC SALARY		
TEMPORARY INCREASE		
APPROPRIATION—ALLOTMENT		[illegible]/9[illegible]00(01) 100 01
POSITION NUMBER		[illegible]-1[illegible]-5-[illegible] [illegible] Paris [illegible] 6/9/48

NATURE OF EMPLOYMENT	PERMANENT	TEMPORARY	FULL TIME	PART TIME	PERMANENT	TEMPORARY	FULL TIME	PART TIME
					X		X	

RETIREMENT DEDUCTIONS			VETERAN PREFERENCE		NATURE OF POSITION	
YES X	AMERICAN X		5 POINTS X		NEW	REALLOCATION
NO	NON-AMERICAN		10 POINTS		ADDITIONAL IDENTICAL	VICE (NAME): X [illegible]

LEGAL RESIDENCE	SEX	MARITAL STATUS AND CHILDREN UNDER 21
New York	M	Single

CONDITIONS AND REQUIREMENTS: ABOVE ACTION AND CONTINUANCE OF STATUS EFFECTED THEREBY ARE SUBJECT TO SUCH CONDITIONS AND REQUIREMENTS LISTED ON REVERSE OF THIS PAGE AS ARE CITED HEREWITH:

Subject to items a. b. e. j i. g. d.

REMARKS:

In lieu of appointment by transfer on personnel action report dated 6/9/48 indicating "Not to exceed the duration of the Foreign Assistance Program" instead of the following statement and omitting subject to item d.

Limited appointment. Duration limited to the period in which appointee's services are required by ECA and in any case limited to the duration of ECA.

Previously employed by ECA Wash., D.C. Departmental Service.

Affidavit "Striking Against the Federal Government" signed.

Paris 7/28
Post 7/28

3

Melbourne L. [illegible] (SIGNATURE)

TITLE: Asst St to [illegible] Representative to [illegible]

☆ GPO: 1947-748381

CIVIL SERVICE COMMISSION

14-00000

FORM FS-510 REVISED

DIVISION OF FOREIGN SERVICE PERSONNEL

DEPARTMENT OF STATE

ECONOMIC COOPERATION ADMINISTRATION

DATE: 7-7-48

JOURNAL NO.: 182

NAME (LAST)	(FIRST)	(MIDDLE)		DATE OF BIRTH	LEGAL AUTHORITY
Hunt	E.	Howard	Jr.	10-9-18	PL 472 - 80th

THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT — SERVICE: ECA

NATURE OF ACTION	EFFECTIVE DATE	DATE OF OATH
Appointment by Transfer - Amendment	6-9-48	6-9-48

	FROM	TO
POSITION TITLE		U. S. Media Specialist
CLASS AND TOTAL SALARY		FSS-5, $6120 per annum
POST		Office of Special Representative Information Division Paris, France
BASIC SALARY		
TEMPORARY INCREASE		
APPROPRIATION—ALLOTMENT		118/99[illegible]00(01) 100 01
POSITION NUMBER		FSS-1730-5-GB-36, admin. allocated 6-9-48

NATURE OF EMPLOYMENT: FROM — PERMANENT / TEMPORARY / FULL TIME / PART TIME; TO — PERMANENT / TEMPORARY X / FULL TIME X / PART TIME

RETIREMENT DEDUCTIONS: YES / NO — AMERICAN X / NON-AMERICAN — VETERAN PREFERENCE X: 5 POINTS X / 10 POINTS

NATURE OF POSITION: NEW / REALLOCATION / ADDITIONAL IDENTICAL / VICE (NAME): Vacancy X

LEGAL RESIDENCE	SEX	MARITAL STATUS AND CHILDREN UNDER 21
New York	M	Single

CONDITIONS AND REQUIREMENTS: ABOVE ACTION AND CONTINUANCE OF STATUS EFFECTED THEREBY ARE SUBJECT TO SUCH CONDITIONS AND REQUIREMENTS LISTED ON REVERSE OF THIS PAGE AS ARE CITED HEREWITH:

Subject to items a, b, c, j, i, g, d.

REMARKS: In lieu of Appointment by Transfer on personnel action report dated 6-9-48 indicating "Not to exceed the duration of the Foreign Assistance Program" instead of the following statement, and omitting subject to item d.

Limited appointment. Duration limited to the period in which appointee's services are required by ECA and in any case limited to the duration of ECA.

Affidavit "Striking Against the Federal Government" signed.

Previously employed by Economic Cooperation Administration, Washington, D. C., Departmental Services.

7

Melbourne L. Spector

TITLE: Assistant State Department

BUDGET

(Date) July 29, 1948

To: Director of Personnel

From: Director of Security

Subj: Notice of Loyalty and Security Certification of:

HUNT, E. Howard, Jr. ECA-48-189

This is to advise that the above named person has been certified by the Administrator as to loyalty and security in accordance with the requirements of Section 110(c), Public Law 472, 80th Congress, and appears on Certification Number 17 , dated July 28, 1948 .

J. W. Yeagley
Director of Security

Payroll copy attached.

Pers Division

jwy:dy

ECA-72 (7-48)

14-00000

UNITED STATES OF AMERICA

ECONOMIC COOPERATION ADMINISTRATION

SPECIAL MISSION TO AUSTRIA

November 19, 1948

Mr. Averell Harriman,
U. S. Special Representative,
Economic Cooperation Administration,
Hotel Talleyrand,
Paris, France.

Dear Averell:

On the point of departure from Vienna, I want to record with you my appreciation of the services rendered me in this Mission over the last few weeks by Mr. Howard Hunt, Information Officer, temporarily assigned here from your staff.

Hunt has not only carried the duties and responsibilities of Information Officer, pending appointment of Mr. Wilson to that post, but he has, additionally, carried a large load for me in connection with the Ross murder incident. He has acted as a personal aide, to all intents and purposes, at a time when, understaffed as this Mission is, we were faced with a concentration of vitally important work in connection with our normal Mission operations.

I think Hunt has shown a broad-gauged grasp of what ERP is, what ECA is, and what Information work in behalf of both should be. Besides this, he is the right kind of person to have in this great ECA undertaking. I hope you will be able to keep him and to give him opportunities to express his abilities fully.

Sincerely,

Westmore Willcox

Westmore Willcox
Chief of Special Mission

WW/ls

cc: Mr. Hoffman
Mr. Friendly

14-00000

DIVISION OF FOREIGN SERVICE PERSONNEL

DEPARTMENT OF STATE
ECONOMIC COOPERATION ADMINISTRATION

DATE: 3-17-49

JOURNAL NO.: 4 E

NAME (LAST)	(FIRST)		(MIDDLE)	DATE OF BIRTH	LEGAL AUTHORITY
HUNT	E.	HOWARD	Jr.	10-9-18	PL 472 - 80th "ECA"

THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT:

NATURE OF ACTION	EFFECTIVE DATE	DATE OF OATH
Termination	cob 2-19-49	

	FROM	TO
POSITION TITLE	Asst. Economic Commissioner * (U. S. Media Specialist)	
CLASS AND TOTAL SALARY	FSS-5 (ECA) $6120 per annum	
POST	Office of Special Representative Information Division Paris, France	
BASIC SALARY		
TEMPORARY INCREASE		
APPROPRIATION-ALLOTMENT	118/95400(01).008	
POSITION NUMBER	FSS-5-SR-36 admin. allocated 6-9-48	

NATURE OF EMPLOYMENT: PERMANENT X | TEMPORARY | FULL TIME X | PART TIME || PERMANENT | TEMPORARY | FULL TIME | PART TIME

RETIREMENT DEDUCTIONS: YES X | NO — AMERICAN X | NON-AMERICAN — VETERAN PREFERENCE: 5 POINTS X | 10 POINTS

NATURE OF POSITION: NEW | REALLOCATION | ADDITIONAL IDENTICAL | VICE (NAME)

LEGAL RESIDENCE: New York — SEX: M — MARITAL STATUS AND CHILDREN UNDER 21: Single

CONDITIONS AND REQUIREMENTS: ABOVE ACTION AND CONTINUANCE OF STATUS EFFECTED THEREBY ARE SUBJECT TO SUCH CONDITIONS AND REQUIREMENTS LISTED ON REVERSE OF THIS PAGE AS ARE CITED HEREWITH.

REMARKS:

* Equivalent to Attache.

Completion of Assignment

Mailing address: 30 Willett Street, Albany 6, New York

2

D. V. Stapleton
State Department
TITLE Representative to ECA

FOLDER

FORM FS-349, REVISED 4-15-47

DIVISION OF FOREIGN SERVICE PERSONNEL

DEPARTMENT OF STATE
ECONOMIC COOPERATION ADMINISTRATION

DATE: 3-17-49

JOURNAL NO.: 4 E

NAME (LAST)	(FIRST)	(MIDDLE)		DATE OF BIRTH	LEGAL AUTHORITY
HUNT	E.	HOWARD	Jr.	10-9-18	PL 472 - 80th

THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT: "ECA"

NATURE OF ACTION	EFFECTIVE DATE	DATE OF OATH
Termination	cob 2-19-49	

	FROM	TO
POSITION TITLE	Asst. Economic Commissioner * (U. S. Media Specialist)	
CLASS AND TOTAL SALARY	FSS-5 (ECA) $6120 per annum	
POST	Office of Special Representative Information Division Paris, France	
BASIC SALARY		
TEMPORARY INCREASE		
APPROPRIATION—ALLOTMENT	113/92400(01).093	
POSITION NUMBER	FSS-5-3R-36 admin. allocated 6-9-48	

NATURE OF EMPLOYMENT	PERMANENT	X	TEMPORARY		FULL TIME	X	PART TIME		PERMANENT		TEMPORARY		FULL TIME		PART TIME	

RETIREMENT DEDUCTIONS	YES	X	AMERICAN	X	VETERAN PREFERENCE	5 POINTS	X
	NO		NON-AMERICAN			10 POINTS	

NATURE OF POSITION: NEW | REALLOCATION | ADDITIONAL IDENTICAL | VICE (NAME)

LEGAL RESIDENCE: New York — SSS: R — MARITAL STATUS AND CHILDREN UNDER 21: [illegible]

CONDITIONS AND REQUIREMENTS: ABOVE ACTION AND CONTINUANCE OF STATUS EFFECTED THEREBY ARE SUBJECT TO SUCH CONDITIONS AND REQUIREMENTS LISTED ON REVERSE OF THIS PAGE AS ARE CITED HEREWITH:

REMARKS:

* Equivalent to Attache.

Completion of Assignment

Mailing address: 30 Willett Street, Albany 6, New York

10

D. V. Stapleton
State Department
TITLE: Representative to ECA mm

PUBLICATIONS

STANDARD FORM 57—NOV. 1947
U. S. CIVIL SERVICE COMMISSION

[AP]PLICATION FOR FEDERAL EMPLOY[MENT]

INSTRUCTIONS. In order to prevent delay in consideration of your application, answer every question on this form clearly and completely. Type-write or print in INK. In applying for a specific United States Civil Service examination, read the examination announcement carefully and follow all directions. If you are applying for a WRITTEN examination, follow the instructions on the admission card regarding disposition of this application. If you are applying for an UNWRITTEN examination, mail this application to the office named in the announcement. Be sure to mail to the same office *any other forms required* by the announcement. Notify the office with which you file this application of any change in your address.

APPLICATION NO.

ANNOUNCEMENT

1. NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR: Intelligence Officer

2. OPTION(S) *(if mentioned in examination announcement)*

3. PLACE OF EMPLOYMENT APPLIED FOR *(City and State)*: Washington, D.C.

4. DATE OF THIS APPLICATION: May 9, 194[illegible]

5. ~~MR.~~ ~~MRS.~~ ~~MISS~~ *(First name)* *(Middle)* *(Maiden, if any)* *(Last)*: Everette Howard Hunt, Jr.

6. (A) STREET AND NUMBER OR R. D. NUMBER: 30 Willett Street

(B) CITY OR POST OFFICE *(including postal zone)* AND STATE: Albany 6, New York

7. LEGAL OR VOTING RESIDENCE *(State)*: New York

8. (A) OFFICE PHONE: -----

(B) HOME PHONE: 5-6218

9. DATE OF BIRTH *(month, day, year)*: October 9, 1918

10. ☐ MARRIED ☒ SINGLE

11. PLACE OF BIRTH *(city and State; if born outside U. S., name city and country)*: Hamburg, New York, USA

12. ☒ MALE ☐ FEMALE

13. (A) HEIGHT WITHOUT SHOES: 5 FEET 10 INCHES

(B) WEIGHT: 168 POUNDS

14. (A) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? ☒ YES ☐ NO

(B) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE: FSS 5

DO NOT WRITE IN THIS BLOCK
For Use of Civil Service Commission Only

☐ APPOR. ☐ NON APPOR.
MATERIAL ☐ SUBMITTED ☐ RETURNED
ENTERED REGISTER:
NOTATIONS:
APP. REVIEW:
APPROVED:

OPTION	GRADE	EARNED RATING	PREFERENCE	AUGM. RATING
			☐ 5 POINTS (TENT.)	
			☐ 10 POINTS	
			☐ WIFE OR WIDOW	
			☐ DISAL.	
			☐ BEING INVESTIGATED	
INITIALS AND DATE				

15. (A) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? $[illegible],000 PER YEAR.
You will not be considered for any position with a lower entrance salary.

(B) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT IF OFFERED, FOR:
☐ 1 TO 3 MONTHS ☐ 3 TO 6 MONTHS ☒ 6 TO 12 MONTHS

NOTE. *Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a probational appointment.*

(C) IF YOU ARE WILLING TO TRAVEL, SPECIFY:
☒ OCCASIONALLY ☐ FREQUENTLY ☐ CONSTANTLY

(D) CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED:
☒ IN WASHINGTON, D. C. ☐ ANYWHERE IN THE UNITED STATES
☐ OUTSIDE THE UNITED STATES

(E) IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, GIVE ACCEPTABLE LOCATIONS:

16. EXPERIENCE: It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appointing officers of agencies to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back, explaining clearly the principal tasks which you performed in each position, accounting for all periods of unemployment. Experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent religious, civic, welfare, or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Military experience should be described in the spaces below in its proper sequence.

(a) If you were ever employed in any position under a name different from that shown in Item 5 of this application, give under "Description of your work" for each position, the name used.

(b) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."

① **PRESENT POSITION** Not presently employed

DATES OF EMPLOYMENT *(month, year)*
FROM: TO PRESENT TIME

EXACT TITLE OF YOUR PRESENT POSITION

CLASSIFICATION GRADE *(if in Federal Service)*

SALARY OR EARNINGS:
STARTING, $ PER
PRESENT, $ PER

PLACE OF EMPLOYMENT *(city and State)*

NAME AND TITLE OF IMMEDIATE SUPERVISOR

NAME AND ADDRESS OF EMPLOYER *(firm, organization, or person; if Federal, name department, bureau or establishment, and division)*

KIND OF BUSINESS OR ORGANIZATION *(e. g., wholesale silk, insurance agency, manufacture of locks, etc.)*

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU

REASON FOR DESIRING TO CHANGE EMPLOYMENT

DESCRIPTION OF YOUR WORK

(CONTINUED ON NEXT PAGE)

14-00000

16 CONTINUED

② DATES OF EMPLOYMENT (month, year)	EXACT TITLE OF YOUR POSITION	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS
FROM May, 1948 TO Feb., 1949	U.S. Media Specialist	FSS 5	STARTING $5940 PER yr; FINAL $6520 PER yr

PLACE OF EMPLOYMENT (city and State): Washington, D.C.; Paris, France

NAME AND TITLE OF IMMEDIATE SUPERVISOR: J. M. Fleming, U.S. Media Officer

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division): Economic Cooperation Administration, 2 rue St. Florentin, Paris 1, France

KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.):

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU:

REASON FOR LEAVING: Deterioration of personal affairs while abroad.

DESCRIPTION OF YOUR WORK: General public relations work involving preparation of press releases, holding of press conferences; traveling with Ambassador Harriman as public relations aide; giving advice and guidance to journalists and American business men; liaison work with U.S. Embassy and U.S.I.S.; liaison work with French and Austrian governments; writing and production of documentary films. Press scrutiny; analysis of Communist propaganda

③ DATES OF EMPLOYMENT (month, year)	EXACT TITLE OF YOUR POSITION	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS
FROM Jan., 1943 TO Oct., 1943	War Correspondent		STARTING $150 PER wk; FINAL $150 PER wk

PLACE OF EMPLOYMENT (city and State): New York, N.Y.

NAME AND TITLE OF IMMEDIATE SUPERVISOR: Dan Longwell, Editor of LIFE

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division): Rockefeller Plaza, N.Y. TIME, Inc.

KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.): Publishing

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU: None

REASON FOR LEAVING: Re-enter military service

DESCRIPTION OF YOUR WORK: Travel to South Pacific combat zone; report on campaign and unusual occurrences in South Pacific

④ DATES OF EMPLOYMENT (month, year)	EXACT TITLE OF YOUR POSITION	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS
FROM Oct., 1942 TO Jan., 1943	Script Writer		STARTING $150 PER wk; FINAL $150 PER wk

PLACE OF EMPLOYMENT (city and State): New York, N.Y.

NAME AND TITLE OF IMMEDIATE SUPERVISOR: Louis de Rochemont; Producer

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division): THE MARCH OF TIME, 369 Lexington Avenue, New York 16

KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.): Documentary films

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU: None

REASON FOR LEAVING: Opportunity to revisit combat zones

DESCRIPTION OF YOUR WORK: Creating from researched themes the framework of the monthly commercial release; writing to film footage; liaison with Navy Department over preparation of contract training films; writing of Navy training films.

16—63949-1

5 DATES OF EMPLOYMENT (month, year) FROM TO | EXACT TITLE OF YOUR POSITION | CLASSIFIED GRADE (if in Federal service) | SALARY OR EARNINGS STARTING $ PER FINAL $ PER

PLACE OF EMPLOYMENT (city and State) | NAME AND TITLE OF IMMEDIATE SUPERVISOR

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) | KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.)

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU | REASON FOR LEAVING

DESCRIPTION OF YOUR WORK

If more space is required, use a continuation sheet (Standard Form No. 58) or a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.

17. MILITARY TRAINING. In the space below, describe any training received in the Armed Services (not already listed under Item 16) that would assist appointing officers in placing you most effectively. Indicate actual amount of training received, such as hours per week. Detailed information regarding any special service schools you attended is especially important. (Extra pages may be used to give full descriptions.)

DATES FROM	DATES TO	LOCATION	DESCRIPTION OF TRAINING
Feb'41	May'41	US Naval Academy	V-7 Midshipman's course
Feb'44	May'44	AAF OCS	Officer Candidate School
June'44	Aug'44	Orlando, Fla.	Air Combat Intelligence
Feb'45	March'45	Catalina I.	OSS Far East Training Course

18. EDUCATION. (Circle highest grade completed): 1 2 3 4 5 6 7 8 9 10 11 (12)

MARK (X) THE APPROPRIATE BOX TO INDICATE SATISFACTORY COMPLETION OF: [X] ELEMENTARY SCHOOL [X] JUNIOR HIGH SCHOOL [X] SENIOR HIGH SCHOOL

(A) GIVE NAME AND LOCATION OF LAST HIGH SCHOOL ATTENDED: Hamburg (N.Y.) High

(B) SUBJECTS STUDIED IN HIGH SCHOOL WHICH APPLY TO POSITION DESIRED: not applicable

(C) NAME AND LOCATION OF COLLEGE OR UNIVERSITY	MAJOR AND SPECIALTY	DATES ATTENDED FROM	DATES ATTENDED TO	YEARS COMPLETED DAY	YEARS COMPLETED NIGHT	DEGREES CONFERRED TITLE	DEGREES CONFERRED DATE	SEMESTER HOURS CREDIT
Brown University, Providence, R.I.	English	1936	1940	4		AB	June'40	

(D) LIST YOUR CHIEF UNDERGRADUATE COLLEGE SUBJECTS	SEMESTER HOURS	LIST YOUR CHIEF GRADUATE COLLEGE SUBJECTS	SEMESTER HOURS
English literature	---		
Spanish	---		
Economics	---		

(E) OTHER TRAINING, SUCH AS VOCATIONAL, BUSINESS, STUDY COURSES GIVEN THROUGH THE ARMED FORCES INSTITUTE (show name and location of school) OR "IN-SERVICE TRAINING" IN PUBLIC OR PRIVATE EMPLOYMENT	SUBJECTS STUDIED	DATES ATTENDED FROM	DATES ATTENDED TO	YEARS COMPLETED DAY	YEARS COMPLETED NIGHT

19. INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES	READING EXC.	READING GOOD	READING FAIR	SPEAKING EXC.	SPEAKING GOOD	SPEAKING FAIR	UNDERSTANDING EXC.	UNDERSTANDING GOOD	UNDERSTANDING FAIR
Spanish	x					x		x	
French		x				x			x

20. IF YOU HAVE TRAVELED OR RESIDED IN ANY FOREIGN COUNTRIES, INDICATE (1) NAMES OF COUNTRIES (2) DATES AND LENGTH OF TIME SPENT THERE, AND (3) REASON OR PURPOSE (e. g., military service, business, education, recreation)

Europe, Melanesia, Mexico
1930-1949, pleasure and business

21. LIST ANY SPECIAL SKILLS YOU POSSESS AND MACHINES AND EQUIPMENT YOU CAN USE, SUCH AS OPERATION OF SHORT WAVE RADIO, MULTILITH, COMPTOMETER, KEY-PUNCH, TURRET LATHE, SCIENTIFIC OR PROFESSIONAL DEVICES

APPROXIMATE NUMBER OF WORDS PER MINUTE IN TYPING ..... SHORTHAND .....

22. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (such as pilot, electrician, radio operator, teacher, lawyer, CPA, etc.)?

[ ] YES [X] NO GIVE KIND OF LICENSE AND STATE:

FIRST LICENSE OR CERTIFICATE (YEAR):

LATEST LICENSE OR CERTIFICATE (YEAR):

23. GIVE ANY SPECIAL QUALIFICATIONS NOT COVERED ELSEWHERE IN YOUR APPLICATION SUCH AS:
(A) YOUR MORE IMPORTANT PUBLICATIONS (do not submit copies unless requested)
(B) YOUR PATENTS OR INVENTIONS
(C) PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE
(D) MEMBERSHIP IN PROFESSIONAL OR SCIENTIFIC SOCIETIES, ETC.
(E) HONORS AND FELLOWSHIPS RECEIVED

4 published novels; short stories

Guggenheim Fellowship 1946-1947

24. REFERENCES. List three persons living in the United States or Territories of the United States who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 16 (EXPERIENCE).

FULL NAME	PRESENT BUSINESS OR HOME ADDRESS (Give complete current address, including street and number)	BUSINESS OR OCCUPATION
1. Westmore Willcox, Jr.	60 William St., New York City	Investments
2. Robert G. North	5247 Fredonia Drive, Hollywood, Cal.	Textiles
3. Maj. J. K. Singlaub	"L" Bldg., Washington, D.C.	U. S. Army

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
25. MAY INQUIRY BE MADE OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER, QUALIFICATIONS, ETC.?	--	--
26. ARE YOU A CITIZEN XXXXXXXXXXXXXXXXXXXXXXX STATES?	X	
27. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY, U. S. A., OR ANY COMMUNIST ORGANIZATION?		X
28. ARE YOU NOW, OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?		X
29. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR OF AN ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH HAS ADOPTED A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR OF SEEKING TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS?		X
If your answer to question 27, 28, or 29 above is "yes," state in Item 39 the names of all such organizations, associations, movements, groups, or combination of persons and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities therein.		
30. SINCE YOUR 16TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDICTED, OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED, OR IMPRISONED OR PLACED ON PROBATION, OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE (EXCLUDING MINOR TRAFFIC VIOLATIONS FOR WHICH A FINE OR FORFEITURE OF $25 OR LESS WAS IMPOSED)? *If your answer is "Yes," list all such cases under Item 39 below. Give in each case (1) the date, (2) the nature of the offense or violation; (3) the name and location of the court; (4) the penalty imposed, if any, or other disposition of the case. If appointed, your fingerprints will be taken*		X
31. HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION? *If your answer is "Yes," give in Item 39 the name and address of employer, date, and reason in each case*		X
32. HAVE YOU EVER BEEN BARRED BY THE U. S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATION OR ACCEPTING CIVIL SERVICE APPOINTMENTS? *If your answer is "Yes," give dates of and reasons for such debarment in Item 39*		X
33. HAVE YOU ANY PHYSICAL HANDICAP, DISEASE, OR OTHER DISABILITY WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO WORK? *If your answer is "Yes," give complete details in Item 39 so that consideration can be given to your physical fitness for the job.*		X
34. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? *If your answer is "Yes," give complete details in Item 39*		X

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
35. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? *If your answer is "Yes," give details in Item 39.*		X
36. DOES THE UNITED STATES GOVERNMENT EMPLOY IN A CIVILIAN CAPACITY ANY RELATIVE OF YOURS (BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS? *If your answer is "Yes," show in Item 39 for EACH such relative (1) full name; (2) present address; (3) relationship; (4) Department or Agency by which employed, and (5) kind of appointment*		X

SPECIAL INSTRUCTIONS FOR CLAIMING VETERAN PREFERENCE

A. If you are claiming preference as a PEACETIME VETERAN who has been awarded a campaign badge or service ribbon, or as a DISABLED VETERAN, or as the WIFE OF A DISABLED VETERAN, or as the WIDOW OF A WAR OR CAMPAIGN VETERAN, attach Veteran Preference Claim, CSC Form 14, together with proof specified therein.

B. If you are a WAR-TIME VETERAN not claiming disability preference, you should NOT submit your discharge with this application. Preference will be tentatively credited to you and if appointed, you will be required to submit to the appointing officer prior to entry on duty, official evidence of separation from active service in the armed forces of the United States in time of war.

	YES	NO
37. (A) WERE YOU EVER IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR?	X	
(B) IS THE WORD "HONORABLE" OR THE WORD "SATISFACTORY" USED IN YOUR DISCHARGE OR SEPARATION PAPERS TO SHOW THE TYPE OF YOUR DISCHARGE OR SEPARATION?	X	
(C) WAS SERVICE PERFORMED ON AN ACTIVE FULL-TIME BASIS, WITH FULL MILITARY PAY AND ALLOWANCES?	X	

(D) DATE OF ENTRY OR ENTRIES INTO SERVICE	DATE OF SEPARATION OR SEPARATIONS
see below	
BRANCH OF SERVICE (Army, Navy, Marine Corps, Coast Guard, etc.)	SERIAL NO. (if none, give grade or rating at time of separation)
	see below

	YES	NO
38. (A) IF YOU SERVED IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING PEACETIME ONLY, DID YOU PARTICIPATE IN A CAMPAIGN OR EXPEDITION AND RECEIVE A CAMPAIGN BADGE OR SERVICE RIBBON?	X	
(B) ARE YOU A DISABLED VETERAN? *If so, and you have not listed your disability in answer to Item 33, explain in Item 39 below.*		X
(C) ARE YOU A VETERAN'S WIDOW WHO HAS NOT REMARRIED?		X
(D) ARE YOU THE WIFE OF A VETERAN WHO HAS A SERVICE CONNECTED DISABILITY WHICH DISQUALIFIES HIM FOR CIVIL SERVICE APPOINTMENT?		X

THIS SPACE FOR USE OF APPOINTING OFFICER ONLY

The information contained in the answers to Question 37 above has been verified by comparison with the discharge certificate on ...., 19.....

Agency: .... Title: ....

39. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS (indicate item numbers to which answers apply)

ITEM NO.		ITEM NO.	
37d	Navy: July, 1940 - Oct., 1942		File 97532
	Army: Oct., 1943 - Feb., 1946		Serial 0-5072[illegible]

If more space is required, use paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.

Before signing this application check back over it to make sure that you have answered ALL questions correctly.

I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

False statement on this application is punishable by Law (U. S. Code, Title 18, Section 80).

SIGNATURE OF APPLICANT E. Howard Hunt, Jr.

(Sign your name in INK (one given name, initial or initials, and surname). If female, prefix Miss or Mrs. and if married, your own given name as "Mrs. Mary L. Doe")

14-00000

STANDARD FORM 57—NOV. 1947
U. S. CIVIL SERVICE COMMISSION

APPLICATION FOR FEDERAL EMPLOYMENT

INSTRUCTIONS: In order to prevent delay in consideration of your application, answer every question on this form clearly and completely. Typewrite or print in INK. In applying for a specific United States Civil Service examination, read the examination announcement carefully and follow all directions. If you are applying for a WRITTEN examination, follow the instructions on the admission card regarding disposition of this application. If you are applying for an UNWRITTEN examination, mail this application to the office named in the announcement. Be sure to mail to the same office *any other forms required* by the announcement. Notify the office with which you file this application of any change in your address.

APPLICATION NO.

ANNOUNCEMENT

1. NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR: Intelligence Officer
2. OPTIONS (*if mentioned in examination announcement*):
3. PLACE OF EMPLOYMENT APPLIED FOR (*City and State*): Washington, D. C.
4. DATE OF THIS APPLICATION: May 9, 1949
5. MR. (First name) (Middle) (Maiden, if any) (Last): Everette Howard Hunt, Jr.
6. (A) STREET AND NUMBER OR R. D. NUMBER: 30 Willett Street
   (B) CITY OR POST OFFICE (*including postal zone*) AND STATE: Albany 6, New York
7. LEGAL OR VOTING RESIDENCE (State): New York
8. (A) OFFICE PHONE: ---- (B) HOME PHONE: 3-6218
9. DATE OF BIRTH (*month, day, year*): October 9, 1918
10. ☐ MARRIED ☒ SINGLE
11. PLACE OF BIRTH (*city and State: if born outside U. S., name city and country*): Hamburg, New York, USA
12. ☒ MALE ☐ FEMALE
13. (A) HEIGHT WITHOUT SHOES: 5 FEET 10 INCHES (B) WEIGHT: 168 POUNDS
14. (A) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? ☒ YES ☐ NO
    (B) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE: FSS 5

DO NOT WRITE IN THIS BLOCK
For Use of Civil Service Commission Only

☐ APPOR. ☐ NON APPOR.	MATERIAL ☐ SUBMITTED ☐ RETURNED	ENTERED REGISTER:
NOTATIONS:	APP. REVIEW: APPROVED:	

OPTION	GRADE	EARNED RATING	PREFERENCE	AUGM. RATING
			☐ 5 POINTS (TENT.)	
			☐ 10 POINTS	
			☐ WIFE OR WIDOW	
			☐ DISAL.	
			☐ BEING INVESTIGATED	
INITIALS AND DATE				

15. (A) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? $ 3,000 PER YEAR. *You will not be considered for any position with a lower entrance salary.*
    (B) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT IF OFFERED, FOR: ☐ 1 TO 3 MONTHS ☐ 3 TO 6 MONTHS ☒ 6 TO 12 MONTHS
    NOTE. *Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a probational appointment.*
    (C) IF YOU ARE WILLING TO TRAVEL, SPECIFY: ☒ OCCASIONALLY ☐ FREQUENTLY ☐ CONSTANTLY
    (D) CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED: ☒ IN WASHINGTON, D. C. ☐ ANYWHERE IN THE UNITED STATES ☐ OUTSIDE THE UNITED STATES
    (E) IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, GIVE ACCEPTABLE LOCATIONS.

16. EXPERIENCE. It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appointing officers of agencies to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back, explaining clearly the principal tasks which you performed in each position, accounting for all periods of unemployment. Experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent religious, civic, welfare, or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Military experience should be described in the spaces below in its proper sequence.

(*a*) If you were ever employed in any position under a name different from that shown in Item 5 of this application, give under "Description of your work" for each position, the name used.

(*b*) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."

① PRESENT POSITION

Not presently employed.

DATES OF EMPLOYMENT (*month, year*) FROM TO PRESENT TIME	EXACT TITLE OF YOUR PRESENT POSITION	CLASSIFICATION GRADE (if in Federal Service)	SALARY OR EARNINGS: STARTING $ PER; PRESENT $ PER

PLACE OF EMPLOYMENT (*city and State*)

NAME AND TITLE OF IMMEDIATE SUPERVISOR

NAME AND ADDRESS OF EMPLOYER (*firm, organization, or person, if Federal, name department, bureau or establishment, and division*)

KIND OF BUSINESS OR ORGANIZATION (*e. g., wholesale silk, insurance agency, manufacture of locks, etc.*)

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU

REASON FOR DESIRING TO CHANGE EMPLOYMENT

DESCRIPTION OF YOUR WORK

(CONTINUED ON NEXT PAGE)

16—63065-2

16 CONTINUED

(2)

DATES OF EMPLOYMENT (month, year) FROM May 1948 TO Feb. 1949

EXACT TITLE OF YOUR POSITION U.S. Media Specialist

CLASSIFICATION GRADE (if in Federal service) 1 730 5

SALARY OR EARNINGS: STARTING $ 5940 PER yr. FINAL $8420 PER yr.

PLACE OF EMPLOYMENT (city and State) Washington, D. C.; Paris, France

NAME AND TITLE OF IMMEDIATE SUPERVISOR J.F. Fleming, U.S. Media Officer

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division)
Economic Cooperation Administration
2 rue St. Florentin, Paris 1, France

KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.)

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU

REASON FOR LEAVING Deterioration of personal affairs while abroad.

DESCRIPTION OF YOUR WORK

General public relations work involving preparation of press releases, holding of press conferences; traveling with Ambassador Harriman as public relations aide; giving advice and guidance to journalists and American business men; liaison work with U.S. Embassy and U.S.I.S.; liaison work with French and Austrian governments; writing and production of documentary films. Press scrutiny; analysis of Communist propaganda.

(3)

DATES OF EMPLOYMENT (month, year) FROM Jan. 1943 TO Oct. 1943

EXACT TITLE OF YOUR POSITION War Correspondent

CLASSIFICATION GRADE (if in Federal service)

SALARY OR EARNINGS: STARTING $ PER FINAL $ 150 PER wk.

PLACE OF EMPLOYMENT (city and State) New York, N.Y.

NAME AND TITLE OF IMMEDIATE SUPERVISOR Dan Longwell, Editor of LIFE

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division)
Rockefeller Plaza, N.Y.
TIME, Inc.

KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.) Publishing

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU None

REASON FOR LEAVING Re-enter military service

DESCRIPTION OF YOUR WORK

Travel to South Pacific combat zone; report on campaign and unusual occurrences in South Pacific

(4)

DATES OF EMPLOYMENT (month, year) FROM Oct. 1942 TO Jan. 1943

EXACT TITLE OF YOUR POSITION Script Writer

CLASSIFICATION GRADE (if in Federal service)

SALARY OR EARNINGS: STARTING $ PER FINAL $ 150 PER wk.

PLACE OF EMPLOYMENT (city and State) New York, N.Y.

NAME AND TITLE OF IMMEDIATE SUPERVISOR Louis de Rochemont; producer

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division)
THE MARCH OF TIME
369 Lexington Avenue, New York 16

KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.) Documentary films.

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU None

REASON FOR LEAVING Opportunity to revisit combat zones.

DESCRIPTION OF YOUR WORK

Creating from researched themes the framework of the monthly commercial release; writing to film footage; liaison with Navy Department over preparation of contract training films; writing of Navy training films.

(5) DATES OF EMPLOYMENT (*month, year*) FROM TO | EXACT TITLE OF YOUR POSITION | CLASSIFIED GRADE (*if in Federal service*) | SALARY OR EARNINGS STARTING $ PER FINAL $ PER

PLACE OF EMPLOYMENT (*city and State*) | NAME AND TITLE OF IMMEDIATE SUPERVISOR

NAME AND ADDRESS OF EMPLOYER (*firm, organization, or person; if Federal, name department, bureau or establishment, and division*) | KIND OF BUSINESS OR ORGANIZATION (*e. g., wholesale silk, insurance agency, manufacture of locks, etc.*)

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU | REASON FOR LEAVING

DESCRIPTION OF YOUR WORK

If more space is required, use a continuation sheet (Standard Form No. 58) or a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.

17. MILITARY TRAINING In the space below, describe any training received in the Armed Services (not already listed under Item (6) that would assist appointing officers in placing you most effectively. Indicate actual amount of training received, such as hours per week. Detailed information regarding any special service schools you attended is especially important. (Extra pages may be used to give full description.)

DATES FROM	DATES TO	LOCATION	DESCRIPTION OF TRAINING
Feb.'41	May'41	US Naval Academy	V-7 Midshipman's course
Feb.'44	May'44	AAF OCS	Officer Candidate School
June'44	Aug.'44	Orlando, Fla.	Air Combat Intelligence
Feb.'45	Mar.'45	Catalina I.	OSS Far East Training Course

18 EDUCATION (*Circle highest grade completed*): 1 2 3 4 5 6 7 8 9 10 11 (12)

MARK (X) THE APPROPRIATE BOX TO INDICATE SATISFACTORY COMPLETION OF [X] ELEMENTARY SCHOOL [X] JUNIOR HIGH SCHOOL [X] SENIOR HIGH SCHOOL

(A) GIVE NAME AND LOCATION OF LAST HIGH SCHOOL ATTENDED: Hamburg (N.Y.) High

(B) SUBJECTS STUDIED IN HIGH SCHOOL WHICH APPLY TO POSITION DESIRED: not applicable

(C) NAME AND LOCATION OF COLLEGE OR UNIVERSITY	MAJOR AND SPECIALTY	DATES ATTENDED FROM	DATES ATTENDED TO	YEARS COMPLETED DAY	YEARS COMPLETED NIGHT	DEGREES CONFERRED TITLE	DEGREES CONFERRED DATE	SEMESTER HOURS CREDIT
Brown University, Providence, R.I.	English	1936	1940	4		13	June '40	

(D) LIST YOUR CHIEF UNDERGRADUATE COLLEGE SUBJECTS	SEMESTER HOURS	LIST YOUR CHIEF GRADUATE COLLEGE SUBJECTS	SEMESTER HOURS
English Literature			
Spanish			
Economics			

(E) OTHER TRAINING, SUCH AS VOCATIONAL, BUSINESS, STUDY COURSES GIVEN THROUGH THE ARMED FORCES INSTITUTE (*show name and location of school*) OR "IN SERVICE TRAINING" IN PUBLIC OR PRIVATE EMPLOYMENT

SUBJECTS STUDIED	DATES ATTENDED FROM	DATES ATTENDED TO	YEARS COMPLETED DAY	YEARS COMPLETED NIGHT

19 INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES

	READING EXC.	READING GOOD	READING FAIR	SPEAKING EXC.	SPEAKING GOOD	SPEAKING FAIR	UNDERSTANDING EXC.	UNDERSTANDING GOOD	UNDERSTANDING FAIR
Spanish	X					X		X	
French		X				X			X

20 IF YOU HAVE TRAVELED OR RESIDED IN ANY FOREIGN COUNTRIES INDICATE (1) NAMES OF COUNTRIES (2) DATES AND LENGTH OF TIME SPENT THERE AND (3) REASON OR PURPOSE (*e. g., military service, business, education, recreation*) Europe, [illegible]lanesia, [illegible]exico, 1959-1949, pleasure and business

21 LIST ANY SPECIAL SKILLS YOU POSSESS AND MACHINES AND EQUIPMENT YOU CAN USE, SUCH AS OPERATION OF SHORT WAVE RADIO, MULTILITH, COMPTOMETER, KEY-PUNCH, TURRET-LATHE, SCIENTIFIC OR PROFESSIONAL DEVICES

APPROXIMATE NUMBER OF WORDS PER MINUTE IN TYPING ... SHORTHAND ...

22 ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (*such as pilot, electrician, radio operator, teacher, lawyer, CPA, etc.*)? [ ] YES [X] NO GIVE KIND OF LICENSE AND STATE

FIRST LICENSE OR CERTIFICATE (YEAR)

LATEST LICENSE OR CERTIFICATE (YEAR)

23 GIVE ANY SPECIAL QUALIFICATIONS NOT COVERED ELSEWHERE IN YOUR APPLICATION SUCH AS
(A) YOUR MORE IMPORTANT PUBLICATIONS (*do not submit copies unless requested*)
(B) YOUR PATENTS OR INVENTIONS
(C) PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE
(D) MEMBERSHIP IN PROFESSIONAL OR SCIENTIFIC SOCIETIES, ETC.
(E) HONORS AND FELLOWSHIPS RECEIVED

2 published novels; short stories
Guggenheim Fellowship 19[illegible]-1947

14-00000

24. REFERENCES. List three persons living in the United States or Territories of the United States who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 14 (EXPERIENCE).

	FULL NAME	PRESENT BUSINESS OR HOME ADDRESS (Give complete current address, including street and number)	BUSINESS OR OCCUPATION
1.	Westmore Willcox, Jr.	6? William St., New York City	Investments
2.	Robert G. North	3947 Fredonia Drive, Hollywood, Cal.	Textiles
3.	Maj. J.K. Singlaub	"L" Bldg., Washington, D. C.	U.S. Army

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
25. MAY INQUIRY BE MADE OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER, QUALIFICATIONS, ETC.?	—	—
26. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?	X	
27. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY, U. S. A., OR ANY COMMUNIST ORGANIZATION?		X
28. ARE YOU NOW, OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?		X
29. ARE YOU NOW, OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR OF AN ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH HAS ADOPTED A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR OF SEEKING TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS?		X
If your answer to question 27, 28, or 29 above is "yes," state in Item 39 the names of all such organizations, associations, movements, groups, or combination of persons and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities therein.		
30. SINCE YOUR 16TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDICTED, OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED, OR IMPRISONED OR PLACED ON PROBATION OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE (EXCLUDING MINOR TRAFFIC VIOLATIONS FOR WHICH A FINE OR FORFEITURE OF $25 OR LESS WAS IMPOSED)? *If your answer is "Yes," list all such cases under Item 39 below. Give in each case (1) the date, (2) the nature of the offense or violation, (3) the name and location of the court, (4) the penalty imposed, if any, or other disposition of the case. If appointed, your fingerprints will be taken.*		X
31. HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION? *If your answer is "Yes," give in Item 39 the name and address of employer, date, and reason in each case.*		X
32. HAVE YOU EVER BEEN BARRED BY THE U. S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMENTS? *If your answer is "Yes," give dates of and reasons for each debarment in Item 39.*		X
33. HAVE YOU ANY PHYSICAL HANDICAP, DISEASE, OR OTHER DISABILITY WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO WORK? *If your answer is "Yes," give complete details in Item 39 so that consideration can be given to your physical fitness for the job.*		X
34. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? *If your answer is "Yes," give complete details in Item 39.*		X

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
35. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? *If your answer is "Yes," give details in Item 39.*		X
36. DOES THE UNITED STATES GOVERNMENT EMPLOY IN A CIVILIAN CAPACITY ANY RELATIVE OF YOURS (BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS? *If your answer is "Yes," show in Item 39 for EACH such relative (1) full name, (2) present address, (3) relationship, (4) Department or Agency by which employed, and (5) kind of appointment.*		X

SPECIAL INSTRUCTIONS FOR CLAIMING VETERAN PREFERENCE

A. If you are claiming preference as a PEACETIME VETERAN who has been awarded a campaign badge or service ribbon, or as a DISABLED VETERAN, or as the WIFE OF A DISABLED VETERAN, or as the WIDOW OF A WAR OR CAMPAIGN VETERAN, attach Veteran Preference Claim, CSC Form 14, together with proof specified therein.

B. If you are a WAR-TIME VETERAN not claiming disability preference, you should NOT submit your discharge with this application. Preference will be tentatively credited to you and if appointed, you will be required to submit to the appointing officer prior to entry on duty, official evidence of separation from active service in the armed forces of the United States in time of war.

	YES	NO
37. (A) WERE YOU EVER IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR?	X	
(B) IS THE WORD "HONORABLE" OR THE WORD "SATISFACTORY" USED IN YOUR DISCHARGE OR SEPARATION PAPERS TO SHOW THE TYPE OF YOUR DISCHARGE OR SEPARATION?	X	
(C) WAS SERVICE PERFORMED ON AN ACTIVE FULL-TIME BASIS, WITH FULL MILITARY PAY AND ALLOWANCES?	X	

(D) DATE OF ENTRY OR ENTRIES INTO SERVICE	DATE OF SEPARATION OR SEPARATIONS
See below	
BRANCH OF SERVICE (Army, Navy, Marine Corps, Coast Guard, etc.)	**SERIAL NO.** (If none, give grade or rating at time of separation).
	See below

	YES	NO
38. (A) IF YOU SERVED IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING PEACETIME ONLY, DID YOU PARTICIPATE IN A CAMPAIGN OR EXPEDITION AND RECEIVE A CAMPAIGN BADGE OR SERVICE RIBBON?	X	
(B) ARE YOU A DISABLED VETERAN? *If so, and you have not listed your disability in answer to Item 33, explain in Item 39 below*		X
(C) ARE YOU A VETERAN'S WIDOW WHO HAS NOT REMARRIED?		X
(D) ARE YOU THE WIFE OF A VETERAN WHO HAS A SERVICE CONNECTED DISABILITY WHICH DISQUALIFIES HIM FOR CIVIL SERVICE APPOINTMENT?		X

THIS SPACE FOR USE OF APPOINTING OFFICER ONLY

The information contained in the answers to Question 37 above has been verified by comparison with the discharge certificate on ...., 19.....

Agency: .... Title ....

39. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS (Indicate item numbers to which answers apply)

ITEM NO.		ITEM NO.	
37d	Navy: July, 1942 - Oct. 1942 File 97332		
	Army: Oct.1942 - Feb.1946 Serial 0-?67241		

If more space is required, use paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.

Before signing this application check back over it to make sure that you have answered ALL questions correctly.

I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

False statement on this application is punishable by Law (U. S. Code, Title 18, Section 80).

SIGNATURE OF APPLICANT ....

(Sign your name in INK (one given name, initial or initials, and surname). If female, prefix Miss or Mrs. and if married, ... your own given name as "Mrs. Mary L. Doe")

PERSONNEL ACTION REQUEST

II 297

NAME: H T. [illegible] Howard, Jr

CLASSIFICATION — INITIAL: OJ — DATE: 6/20/49

VICE	
IA	✓
VV	
NEW	

Bul# 297
CSC # 3112
6-2-49 [illegible]

NATURE OF ACTION: Excepted Appointment

QUALIFICATION & REVIEW ✓ — INITIAL: [illegible] — DATE: 6/17/49

EFFECTIVE DATE: 8 Nov. 1949

210590 [illegible] 6/27/49
880-101
[illegible]

FOR SEPARATIONS, TRANSFERS OUT, AND RESIGNATIONS
LAST WORKING DAY:

APPROVED: [illegible]

SIGNATURE EXECUTIVE [illegible] 107

FOR RESIGNATIONS FROM FEDERAL SERVICE ONLY
SIGNATURE OF EMPLOYEE

SIGNATURE EXECUTIVE FOR [illegible]

[signature] 6/23/49

SIGNATURE CHIEF, PERSONNEL BRANCH

	FROM	TO
TITLE		Intelligence Officer P-6 (Editor) ~~[illegible]~~
GRADE AND SALARY		$ S-12 7600.00 ~~[illegible]~~ pa.
OFFICE		[illegible]
BRANCH		Program & Planning Staff
DIVISION		~~Proc. Group 11~~ Editorial Prod Div ~~[illegible]~~
SECTION		
OFFICIAL STATION		Washington, D. C.
DEPT. OR FIELD		Departmental - 130-

REMARKS: Searched 107 6/23/49

Attached are 2 Forms 57.
Security initiated 3 June 1949.

POSTED

[illegible] 6/6

RECOMMENDED: OFFICE CHIEF, BRANCH CHIEF, OR ADMINISTRATIVE OFFICER [initials] — **DATE** 13 June 1949

FORM NO. 37-3
OCT 1946

(1514)

14-00000

STANDARD FORM 50 (8 PART)
UNITED STATES
CIVIL SERVICE COMMISSION
OCTOBER 1946

FORM APPROVED
BUDGET BUREAU NO

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

P.C. 9/30/49
(maf) 130

1. NAME (MR.-MISS-MRS. FIRST-MIDDLE INITIAL-LAST)	2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
Mr. Howard Hunt	10/9/18	#297	11/3/49

This is to notify you of the following action affecting your employment:

5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)	6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
Excepted Appointment	11/8/49	Schedule A-6.116(b)

FROM		TO
	8. POSITION TITLE	Intelligence Officer, GS-13 (Editor)
	9. SERVICE, GRADE, SALARY	GS-13, $7600.00 per annum
	10. ORGANIZATIONAL DESIGNATIONS	OPC Program & Planning Staff Program Group II Editorial Prod. Division
	11. HEADQUARTERS	Washington, D. C.
FIELD / DEPARTMENTAL	12. FIELD OR DEPT'L	FIELD / X DEPARTMENTAL

13. REMARKS

Appointment is subject to the satisfactory completion of a trial period of one year.

DOE 08/16/53
CSEOD} 11/08/49
LCD}

ROBERT B.J. HOPKINS
Chief, Employees Division
(SIGNATURE OR OTHER AUTHENTICATION)

15. VETERAN'S PREFERENCE							16. POSITION CLASSIFICATION ACTION				
NONE	5 PT	10 POINT DISAB	WIFE	WIDOW	WWII	WWI	OTHER	NEW	VICE	I.A.	REAL	Bu.#2971 CSC#3112 6/2/49
	X				X					X		

17. SEX	18. RACE	19. APPROPRIATION	20. SUBJECT TO C.S. RETIREMENT ACT (YES-NO)	21. DATE OF OATH (ACCESSIONS ONLY)	22. LEGAL RESIDENCE
M	W	FROM 2105900 TO 800-101	Yes	11/8/49	Va.

U.S. GOVERNMENT PRINTING OFFICE

4. PERSONNEL FOLDER COPY

14-00000

PERSONAL HISTORY STATEMENT

Instructions: 1. Answer all questions completely. If question does not apply write "not applicable." Write "unknown" only if you do not know the answer and cannot obtain the answer from personal records. Use the blank pages at the end of this form for extra details on any question or questions for which you do not have sufficient room.

2. Type, print or write carefully; illegible or incomplete forms will not receive consideration.

HAVE YOU READ AND DO YOU UNDERSTAND THE INSTRUCTIONS? Yes (Yes or No)

SEC. 1. PERSONAL BACKGROUND

Telephone:

A. FULL NAME (Use No Initials) Mr. Everette Howard Hunt, Jr. (First, Middle, Last)

Office: ---
Ext. ---
Home: 3-8218

PRESENT ADDRESS 30 Willett Street, Albany 6, New York, U.S.A. (St. & No., City, State, Country)

PERMANENT ADDRESS 30 Willett Street, Albany 6, New York, U.S.A. (St. & No., City, State, Country)

B. NICKNAME Howie WHAT OTHER NAMES HAVE YOU USED? Howard Hunt

UNDER WHAT CIRCUMSTANCES HAVE YOU EVER USED THESE NAMES? nom de plume

HOW LONG? 7 years IF A LEGAL CHANGE, GIVE PARTICULARS --------

(Where?) (By What Authority)

C. DATE OF BIRTH 10/9/18 PLACE OF BIRTH Hamburg, N.Y., U.S.A. (City, State, Country)

D. PRESENT CITIZENSHIP USA (Country) BY BIRTH? Yes BY MARRIAGE? ---

BY NATURALIZATION CERTIFICATE # ______ ISSUED ______ (Date) BY ______ (Court)

AT ______ (City, State, Country)

HAVE YOU HAD A PREVIOUS NATIONALITY? No (Yes or No) ______ (Country)

HELD BETWEEN WHAT DATES? ______ TO ______ ANY OTHER NATIONALITY? ______ (Country)

GIVE PARTICULARS not applicable

HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP? No GIVE PARTICULARS:

not applicable

FORM NO. 50-1
SEP 1948

14-00000

E. IF BORN OUTSIDE U.S. WHEN DID YOU FIRST ARRIVE IN THIS COUNTRY? ----

PORT OF ENTRY? ______ ON PASSPORT OF WHAT COUNTRY? ______

LAST U.S. VISA ______ (Number) (Type) (Place of Issue) (Date of Issue)

SEC. 2. PHYSICAL DESCRIPTION

AGE 30 SEX Male HEIGHT 5' 10 1/2" WEIGHT 168

EYES Blue HAIR Brown COMPLEXION Fair SCARS right eyebrow

BUILD medium OTHER DISTINGUISHING FEATURES None

SEC. 3. MARITAL STATUS

A. SINGLE X MARRIED ______ DIVORCED ______ WIDOWED ______

STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS ______

not applicable

B. WIFE OR HUSBAND (IF YOU HAVE BEEN MARRIED MORE THAN ONCE — INCLUDE ANNULMENTS — USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND GIVING DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.)

NAME OF SPOUSE not applicable (First) (Middle) (Maiden) (Last)

PLACE AND DATE OF MARRIAGE ______

HIS (OR HER) ADDRESS BEFORE MARRIAGE ______ (St. & No.) (City) (State) (Country)

LIVING OR DECEASED ______ DATE OF DECEASE ______ CAUSE ______

PRESENT, OR LAST, ADDRESS ______ (St. & No.) (City) (State) (Country)

DATE OF BIRTH ______ PLACE OF BIRTH ______ (City) (State) (Country)

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY ______

CITIZENSHIP ______ WHEN ACQUIRED? ______ WHERE? ______ (City) (State) (Country)

OCCUPATION ______ LAST EMPLOYER ______

EMPLOYER'S OR BUSINESS ADDRESS ______ (St. & No.) (City) (State) (Country)

MILITARY SERVICE FROM ______ (Date) TO ______ (Date) BRANCH OF SERVICE ______

COUNTRY ______ DETAILS OF OTHER GOV'T. SERVICE, U.S. OR FOREIGN

______

14-00000

SEC. 4. CHILDREN OR DEPENDENTS (Include partial dependents) None

1. NAME -------- RELATIONSHIP ______ AGE ______

CITIZENSHIP ______ ADDRESS ______ (St. & No. / City / State / Country)

2. NAME ______ RELATIONSHIP ______ AGE ______

CITIZENSHIP ______ ADDRESS ______ (St. & No. / City / State / Country)

3. NAME ______ RELATIONSHIP ______ AGE ______

CITIZENSHIP ______ ADDRESS ______ (St. & No. / City / State / Country)

SEC. 5. FATHER (Give the same information for stepfather and/or guardian on a separate sheet)

FULL NAME Everette (First) Howard (Middle) Hunt (Last)

LIVING OR DECEASED Living DATE OF DECEASE ______ CAUSE ______

PRESENT, OR, LAST, ADDRESS 30 Willett street, Albany 6, N.Y., USA (St. & No. / City / State / Country)

DATE OF BIRTH 13 Dec '88 PLACE OF BIRTH Hamburg, New York, USA (City / State / Country)

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY ______

CITIZENSHIP USA WHEN ACQUIRED? Birth WHERE? ______ (City / State / Country)

OCCUPATION Lawyer LAST EMPLOYER Self

EMPLOYER'S OR OWN BUSINESS ADDRESS ~~not applicable~~ 11 NORTH PEARL ST. ALBANY, 6, N.Y. (St. & No. / City / State / Country)

MILITARY SERVICE FROM 1916 (Date) TO 1918 (Date) BRANCH OF SERVICE Air Service, SC

COUNTRY USA DETAILS OF OTHER GOV'T SERVICE, U.S. OR FOREIGN.

not applicable

SEC. 6. MOTHER (Give the same information for stepmother on a separate sheet)

FULL NAME Ethel (First) Jean (Middle) Hunt (Last)

LIVING OR DECEASED Living DATE OF DECEASE ______ CAUSE ______

PRESENT, OR LAST, ADDRESS 30 Willett Street, Albany 6, New York, USA (St. & No. / City / State / Country)

DATE OF BIRTH 15 March '91 PLACE OF BIRTH Canal Dover, Ohio

CITIZENSHIP USA WHEN ACQUIRED? Birth WHERE? ______ (City / State / Country)

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY ______

14-00000

OCCUPATION Housewife LAST EMPLOYER ----

EMPLOYER'S OR OWN BUSINESS ADDRESS ______ St. & No. ______ City ______ State ______ Country

MILITARY SERVICE FROM ______ TO ______ BRANCH OF SERVICE ______

COUNTRY ______ DETAILS OF OTHER GOV'T SERVICE, U.S. OR FOREIGN.

not applicable

SEC. 7. BROTHERS AND SISTERS (Including half-, step-, and adopted brothers and sisters)

1. FULL NAME not applicable ______ First ______ Middle ______ Last AGE ______
   PRESENT ADDRESS ______ St. & No. ______ City ______ State ______ Country ______ Citizenship
2. FULL NAME ______ First ______ Middle ______ Last AGE ______
   PRESENT ADDRESS ______ St. & No. ______ City ______ State ______ Country ______ Citizenship
3. FULL NAME ______ First ______ Middle ______ Last AGE ______
   PRESENT ADDRESS ______ St. & No. ______ City ______ State ______ Country ______ Citizenship
4. FULL NAME ______ First ______ Middle ______ Last AGE ______
   PRESENT ADDRESS ______ St. & No. ______ City ______ State ______ Country ______ Citizenship
5. FULL NAME ______ First ______ Middle ______ Last AGE ______
   PRESENT ADDRESS ______ St. & No. ______ City ______ State ______ Country ______ Citizenship

SEC. 8. FATHER-IN-LAW

FULL NAME not applicable ______ First ______ Middle ______ Last

LIVING OR DECEASED ______ DATE OF DECEASE ______ CAUSE ______

PRESENT, OR LAST, ADDRESS ______ St. & No. ______ City ______ State ______ Country

DATE OF BIRTH ______ PLACE OF BIRTH ______

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY ______

CITIZENSHIP ______ WHEN ACQUIRED? ______ WHERE? ______ City ______ State ______ Country

OCCUPATION ______ LAST EMPLOYER ______

SEC. 9. MOTHER-IN-LAW

FULL NAME not applicable
First Middle Last

LIVING OR DECEASED ______ DATE OF DECEASE ______ CAUSE ______

PRESENT, OR LAST, ADDRESS ______
St. & No. City State Country

DATE OF BIRTH ______ PLACE OF BIRTH ______

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY ______

CITIZENSHIP ______ WHEN ACQUIRED? ______ WHERE? ______
City State Country

OCCUPATION ______ LAST EMPLOYER ______

SEC. 10. RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, WHO EITHER LIVE ABROAD OR WHO ARE NOT CITIZENS OF THE UNITED STATES:

1. NAME not applicable RELATIONSHIP ______ AGE ______

CITIZENSHIP ______ ADDRESS ______
St. & No. City State Country

2. NAME ______ RELATIONSHIP ______ AGE ______

CITIZENSHIP ______ ADDRESS ______
St. & No. City State Country

3. NAME ______ RELATIONSHIP ______ AGE ______

CITIZENSHIP ______ ADDRESS ______
St. & No. City State Country

SEC. 11. RELATIVES BY BLOOD OR MARRIAGE IN THE MILITARY OR CIVIL SERVICE OF THE U.S. OR OF A FOREIGN GOVERNMENT.

1. NAME not applicable RELATIONSHIP ______ AGE ______

CITIZENSHIP ______ ADDRESS ______
St. & No. City State

TYPE AND LOCATION OF SERVICE (IF KNOWN) ______

2. NAME ______ RELATIONSHIP ______ AGE ______

CITIZENSHIP ______ ADDRESS ______
St. & No. City State

TYPE AND LOCATION OF SERVICE (IF KNOWN) ______

3. NAME ______ RELATIONSHIP ______ AGE ______

CITIZENSHIP ______ ADDRESS ______
St. & No. City State

TYPE AND LOCATION OF SERVICE (IF KNOWN) ______

SEC. 12. EDUCATION

ELEMENTARY SCHOOL Hamburg PS ADDRESS Hamburg, N.Y., USA (City, State, Country)
DATES ATTENDED 1924-1932 GRADUATE? Yes
HIGH SCHOOL Hamburg High School ADDRESS Hamburg, N.Y., USA (City, State, Country)
DATES ATTENDED 1932-1936 GRADUATE? Yes
COLLEGE Brown University ADDRESS Providence 12, R.I., USA (City, State, Country)
DATES ATTENDED 1936-1940 DEGREE A.B.
COLLEGE ________ ADDRESS ________ (City, State, Country)
DATES ATTENDED ________ DEGREE ________

SEC. 13. MILITARY, NAVAL OR OTHER GOV'T SERVICE — U.S. OR FOREIGN

Country	Service	Rank	Dates of Service
USA	USAAF	1st Lt.	1943-1946
USA	USNR	Ensign	1940-1942

Last Station: HQ Det. 202, OSS China — Serial No.: 0-587241 — Type of Discharge: Honorable

REMARKS: ________

SELECTIVE SERVICE BOARD NUMBER None ADDRESS ________

IF DEFERRED GIVE REASON ________

INDICATE MEMBERSHIP IN MILITARY RESERVE ORGANIZATIONS ________
not applicable

SEC. 14. CHRONOLOGICAL HISTORY OF EMPLOYMENT FOR PAST 15 YEARS. ACCOUNT FOR ALL PERIODS. INCLUDE CASUAL EMPLOYMENT. INCLUDE ALSO PERIODS OF UNEMPLOYMENT. GIVE ADDRESSES AND STATE WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT. LIST LAST POSITION FIRST.

1. FROM May, 1948 TO February, 1949

   EMPLOYING FIRM OR AGENCY Economic Cooperation Administration

   ADDRESS 2 rue St. Florentin, Paris 1, France (St. & No., City, State, Country)

   KIND OF BUSINESS Public Relations NAME OF SUPERVISOR J. E. Fleming

   TITLE OF JOB U.S. Media Specialist SALARY $ 8420. PER Year

   YOUR DUTIES General PR work plus speech writing for Ambassador Harriman; film production.

   REASONS FOR LEAVING My publishing affairs deteriorated to such an extent that my presence in America became imperative for financial reasons.

2. FROM January, 1943 TO October, 1943

   EMPLOYING FIRM OR AGENCY TIME, Inc.

ADDRESS Rockefeller Plaza, New York, New York, USA
St. & No. City State Country

KIND OF BUSINESS Publishing NAME OF SUPERVISOR Dan Longwell

TITLE OF JOB War Correspondent SALARY $ 150. PER week

YOUR DUTIES Report on South Pacific campaign

REASONS FOR LEAVING To re-enter military service

3. FROM October, 1942 TO January, 1943

EMPLOYING FIRM OR AGENCY The March of Time (TIME, Inc.)

ADDRESS 369 Lexington Avenue, New York 16, New York, USA
St. & No. City State Country

KIND OF BUSINESS documentary films NAME OF SUPERVISOR Louis de Rochemont

TITLE OF JOB Script writer SALARY $150. PER week

YOUR DUTIES Write Naval training films and assist on monthly release.

REASONS FOR LEAVING Opportunity to return to a combat zone for LIFE.

4. FROM ________ TO ________

EMPLOYING FIRM OR AGENCY ________

ADDRESS ________
St. & No. City State Country

KIND OF BUSINESS ________ NAME OF SUPERVISOR ________

TITLE OF JOB ________ SALARY $________ PER ________

YOUR DUTIES ________

REASONS FOR LEAVING ________

5. FROM ________ TO ________

EMPLOYING FIRM OR AGENCY ________

ADDRESS ________
St. & No. City State Country

KIND OF BUSINESS ________ NAME OF SUPERVISOR ________

TITLE OF JOB ________ SALARY $________ PER ________

YOUR DUTIES ________

REASONS FOR LEAVING ________

SEC. 15. HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION? HAVE YOU LEFT A POSITION UNDER CIRCUMSTANCES WHICH YOU DESIRE TO EXPLAIN? GIVE DETAILS:

No

SEC. 16. GIVE FIVE CHARACTER REFERENCES — IN THE U.S. — WHO KNOW YOU INTIMATELY — (GIVE RESIDENCE AND BUSINESS ADDRESSES WHERE POSSIBLE.)

		Street and Number / City / State
1. Mr. Murray Snouse	BUS. ADD.	State Bank of Albany, N.Y.
	RES. ADD.	321 State Street, Albany, N.Y.
2. Mr. Chester T. Hubbell	BUS. ADD.	Hubbell Lumber Co., Albany, NY,
	RES. ADD.	Loudonville, New York
3. Hon. Westmore Willcox	BUS. ADD.	63 William St., New York 5, NY
	RES. ADD.	East End Avenue, New York, N.Y.
4. Dr. Bruce Bigelow	BUS. ADD.	Brown University, Providence, R.I.
	RES. ADD.	Brown University, Providence, R.I.
5. Dr. R. C. Noyes	BUS. ADD.	Brown University, Providence, R.I.
	RES. ADD.	164 Anthony St., E. Providence, R.I.

SEC. 17. NAMES OF FIVE PERSONS WHO KNOW YOU SOCIALLY IN THE UNITED STATES — NOT REFERENCES, SUPERVISORS OR EMPLOYERS — (Give residence and business addresses where possible.)

		Street and Number / City / State
1. Hon. Archibald Douglas, Jr.	BUS. ADD.	120 Broadway, New York, New York
	RES. ADD.	455 E. 57th St., New York, N.Y.
2. Hon. MacNeill Mitchell	BUS. ADD.	36 W. 44th Street, New York, NY
	RES. ADD.	137 East 38th St., New York, N.Y.
3. Mr. Franklin A. Lindsay	BUS. ADD.	"L" Bldg., Washington, D. C.
	RES. ADD.	3416 Que St., Washington, DC
4. Mr. Robert G. North	BUS. ADD.	1719 North McCadden Place, Hollywood
	RES. ADD.	3947 Fredonia Dr., Hollywood, Cal.
5. Maj. J. K. Singlaub	BUS. ADD.	"L" Bldg., Washington, D. C.
	RES. ADD.	5509 Johnson Ave., Bethesda, Md.

SEC. 18. GIVE THREE NEIGHBORS AT YOUR LAST NORMAL RESIDENCE IN THE U.S. — (Give residence and business addresses where possible.)

		Street and Number	City	State
1. Mr. J. Stanley Davis	BUS. ADD.	3 Englewood Place,	Albany,	N.Y.
	RES. ADD.	90 State St.,	Albany,	N.Y.
2. Mr. Peter Kiernan, Jr.	BUS. ADD.	5 Englewood Place,	Albany,	N.Y.
	RES. ADD.	120 State Street,	Albany,	N.Y.
3. Bishop E. L. Barry	BUS. ADD.	----		
	RES. ADD.	32 Willott Street,	Albany,	N.Y.

SEC. 19. FINANCIAL BACKGROUND

A. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? No IF NOT, STATE SOURCES OF OTHER INCOME Royalties from book publishing

B. NAMES AND ADDRESSES OF BANKS WITH WHICH YOU HAVE ACCOUNTS
State Bank of Albany, N.Y.

C. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? No
GIVE PARTICULARS, INCLUDING COURT: not applicable

D. GIVE THREE CREDIT REFERENCES — IN THE U.S.

	NAME	ADDRESS (St. & No.)	City	State
1.	Brooks Brothers	346 Madison Ave.,	New York,	N.Y.
2.	Abercrombie & Fitch	Madison Avenue,	New York,	N.Y.
3.	Hotels Statler	New York,	New York	

SEC. 20. RESIDENCES FOR THE PAST 15 YEARS

FROM	TO	St. No.	City	State	Country
1941	Present	30 Willott Street,	Albany 6,	N.Y.,	USA
1937	1941	125 Lancaster Ave.,	Buffalo,	N.Y.,	USA
1918	1937	3 5 Maple Avenue,	Hamburg,	New York,	USA

SEC. 21. RESIDENCE OR TRAVEL OUTSIDE OF THE UNITED STATES

	FROM	TO	City or Section	Country	Purpose
A.	June '39	Sept., 1939		Europe	Pleasure
	March '47	July, '47	Mexico		Guggenheim Fellowship
	June '48	Feb. '49	Europe		Business

FROM ______ TO ______ ______ City or Section ______ Country ______ Purpose

FROM ______ TO ______ ______ City or Section ______ Country ______ Purpose

FROM ______ TO ______ ______ City or Section ______ Country ______ Purpose

B. LAST U.S. PASSPORT — NUMBER, DATE, AND PLACE OF ISSUE:

Diplomatic 4267, 10 June, 1948, Washington

HOW MANY OTHER U.S. PASSPORTS HAVE YOU HAD? Two GIVE APPROXIMATE

DATES: May, 1939 January, 1943

PASSPORTS OF OTHER NATIONS: ______

SEC. 22. CLUBS, SOCIETIES AND OTHER ORGANIZATIONS

LIST NAMES AND ADDRESSES OF ALL CLUBS, SOCIETIES, PROFESSIONAL SOCIETIES, EMPLOYEE GROUPS, ORGANIZATIONS OF ANY KIND (INCLUDE MEMBERSHIP IN, OR SUPPORT OF, ANY ORGANIZATION HAVING HEADQUARTERS OR BRANCH IN A FOREIGN COUNTRY) TO WHICH YOU BELONG OR HAVE BELONGED:

1. Zeta Psi Fraternity, Epsilon; Providence, R.I., USA
   (Name and Chapter — St. & No. — City — State — Country)
   DATES OF MEMBERSHIP: February 1937 to present

2. Brown University Club; 86 Park Ave., New York, N.Y., USA
   (Name and Chapter — St. & No. — City — State — Country)
   DATES OF MEMBERSHIP: 1942 to present

3. Army & Navy Club, 1627 "I" St., Washington 6, D.C., USA
   (Name and Chapter — St. & No. — City — State — Country)
   DATES OF MEMBERSHIP: June, 1948 to present

4. Fort Orange Club, 110 Washington Ave., Albany 6, N.Y., USA
   (Name and Chapter — St. & No. — City — State — Country)
   DATES OF MEMBERSHIP: February, 1946 to present

5. Albany Country Club, Albany 3, N.Y., USA
   (Name and Chapter — St. & No. — City — State — Country)
   DATES OF MEMBERSHIP: May, 1947 to November, 1948

6. Authors League of America, 6 E. 39th St., New York, N.Y., USA
   (Name and Chapter — St. & No. — City — State — Country)
   DATES OF MEMBERSHIP: 1942 to present

7. Screen Writers Guild, 1655 North Cherokee, Hollywood, Cal., USA
   (Name and Chapter — St. & No. — City — State — Country)
   DATES OF MEMBERSHIP: 1947 to present

8. American Legion, Fort Orange Post, Albany, N.Y., USA
   1942 to present

14-00000

SEC. 23. GENERAL QUALIFICATIONS

A. FOREIGN LANGUAGES (STATE DEGREE OR PROFICIENCY AS "SLIGHT" "FAIR" OR "FLUENT")

LANGUAGE Spanish SPEAK slight READ fluent WRITE fair

LANGUAGE French SPEAK fair READ fluent WRITE slight

LANGUAGE German SPEAK ------ READ slight WRITE ------

B. LIST ALL SPORTS AND HOBBIES WHICH INTEREST YOU: INDICATE DEGREE OF PROFICIENCY IN EACH:

Swimming - excellent Music(piano) - fair

Tennis - fair

Trap shooting - good

C. HAVE YOU ANY QUALIFICATIONS, AS A RESULT OF TRAINING OR EXPERIENCE, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION?

Wartime OSS service as CBI Reports Officer

Graduate AAF Combat Intelligence School

Lecturer on Psychological Warfare at Army-Navy Staff College

D. LIST BELOW THE NAMES OF GOVERNMENT DEPARTMENTS, AGENCIES OR OFFICES TO WHICH YOU HAVE APPLIED FOR EMPLOYMENT SINCE 1939:

Economic Cooperation Administration

E. IF, TO YOUR KNOWLEDGE, ANY OF THE ABOVE HAS CONDUCTED AN INVESTIGATION OF YOU, INDICATE BELOW THE NAME OF THAT AGENCY AND THE APPROXIMATE DATE OF THE INVESTIGATION:

Office of Strategic Services - December, 1944

ECA - June, 1943

SEC. 24. MISCELLANEOUS

A. DO YOU ADVOCATE OR HAVE YOU EVER ADVOCATED; OR ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OR, OR HAVE YOU SUPPORTED ANY POLITICAL PARTY OR ORGANIZATION WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT IN THE UNITED STATES?

IF "YES", EXPLAIN: No

B. DO YOU USE, OR HAVE YOU USED, INTOXICANTS? Yes IF SO, TO WHAT EXTENT? Moderately

C. HAVE YOU EVER BEEN ARRESTED, INDICTED OR CONVICTED FOR ANY VIOLATION OF LAW OTHER THAN A MINOR TRAFFIC VIOLATION? IF SO, STATE NAME OF COURT, CITY, STATE, COUNTRY, NATURE OF OFFENSE AND DISPOSITION OF CASE:

D. HAVE YOU EVER BEEN COURT-MARTIALED WHILE A MEMBER OF THE ARMED FORCES? IF ANSWER IS "YES," GIVE DETAILS BELOW:

No

SEC. 25. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME Mrs. E. H. Hunt RELATIONSHIP Mother

ADDRESS 30 Willett Street, Albany 6, New York, USA
(St. & No.) (City) (State) (Country)

SEC. 26. YOU ARE INFORMED THAT THE CORRECTNESS OF ALL STATEMENTS MADE HEREIN WILL BE INVESTIGATED.

ARE THERE ANY UNFAVORABLE INCIDENTS IN YOUR LIFE NOT MENTIONED ABOVE WHICH MAY BE DISCOVERED IN SUBSEQUENT INVESTIGATION, WHETHER YOU WERE DIRECTLY INVOLVED OR NOT, WHICH MIGHT REQUIRE EXPLANATION? IF SO, DESCRIBE. IF NOT, ANSWER "NO."

No

SEC. 27. I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I AGREE THAT ANY MISSTATEMENT OR OMISSION AS TO A MATERIAL FACT WILL CONSTITUTE GROUNDS FOR IMMEDIATE DISMISSAL OR REJECTION OF MY APPLICATION.

SIGNED AT Albany, New York DATE May 11, 1949
City and State

John F. Wilkins Everett Howard Hunt Jr.
Witness Signature of Applicant
614 ... St. Albany NY

USE THE FOLLOWING PAGES FOR EXTRA DETAILS. NUMBER ACCORDING TO THE NUMBER OF THE QUESTION TO WHICH THEY RELATE. SIGN YOUR NAME AT THE END OF THE ADDED MATERIAL. IF ADDITIONAL SPACE IS REQUIRED USE EXTRA PAGES THE SAME SIZE AS THESE AND SIGN EACH SUCH PAGE.

14. Time unaccounted for in the Employment History was spent either in College, Military or Naval Service or in creative writing.

14. 1 Salary stated is inclusive of allowances.

19. A To date I have published 4 novels, one of which deals in part with OSS activities in Europe and the Far East during the war. In past years I have contributed to LIBERTY, THE NEW YORKER, and COSMOPOLITAN. My royalties yield me an average of $3,000 a year above my salary. A fifth novel is to be published in August, 1949, and this year an estimated 1 million copies of two books in pocket editions will be in circulation.

22. American War Correspondents Association, 13 West 54th Street, New York, New York

23. C At the request of the Allied High Commissioner for Austria, Lt. Gen. Geoffrey Keyes, I was placed on assignment in Vienna to the ECA Special Mission for the purpose of writing and producing an official U.S. documentary film directed at the Anti-communist elements of Austria, and specifically toward Austrian labor groups. The film has received wide distribution in all Allied zones except the Russian Zone, and its showing at the Vienna Fair, I have been informed, was the subject of an official Russian protest. I was solely responsible for the creation of this film, MIT VEREINTEN KRAEFTEN.

SECURITY APPROVAL

CONFIDENTIAL

To : xxxxxxxxxxxxxxxx Deputy Personnel Officer

Date: 30 September 1949

From : Chief of Inspection and Security

Number: 23500

Subject: HUNT, Everette Howard, Jr.

1. Note "X" below:

[X] Security approval is granted subject for access to classified information contingent upon the receipt of derogatory information at some future date.

[ ] Provisional clearance for full duty with CIA is granted under the provisions of paragraph 4, Administrative Instruction 10-2, which provides for a temporary appointment pending the completion of full security investigation.

[X] Unless the applicant enters upon duty within 60 days from above date this approval becomes invalid.

2. Memorandum dated 3 June 1949 stated Subject is an applicant for OPC.

NEMAL P. GEISS
Chief, Personnel Security Division

CONFIDENTIAL

FORM NO. 38-101
MAY 1949

14-00000

PERSONAL HISTORY STATEMENT

Instructions: 1. Answer all questions completely. If question does not apply write "not applicable." Write "unknown" only if you do not know the answer and cannot obtain the answer from personal records. Use the blank pages at the end of this form for extra details on any question or questions for which you do not have sufficient room.
2. Type, print or write carefully; illegible or incomplete forms will not receive consideration.

HAVE YOU READ AND DO YOU UNDERSTAND THE INSTRUCTIONS? ______ Yes or No

SEC. 1. PERSONAL BACKGROUND

Telephone:

Office: ______

A. FULL NAME ~~Miss~~ Mr. ~~Mrs.~~ (Use No Initials) EVERETTE (First) HOWARD (Middle) HUNT, JR. (Last) Ext. ______

Home: ______

PRESENT ADDRESS ______ St. & No. City State Country

PERMANENT ADDRESS ______ St. & No. City State Country

B. NICKNAME ______ WHAT OTHER NAMES HAVE YOU USED? ______

______ UNDER WHAT CIRCUMSTANCES HAVE YOU EVER USED THESE NAMES? ______

HOW LONG? ______ IF A LEGAL CHANGE, GIVE PARTICULARS ______

______ Where? By What Authority

C. DATE OF BIRTH ______ PLACE OF BIRTH ______ City State Country

D. PRESENT CITIZENSHIP ______ Country BY BIRTH? ______ BY MARRIAGE? ______

BY NATURALIZATION CERTIFICATE # ______ ISSUED ______ Date BY ______ Court

AT ______ City State Country

HAVE YOU HAD A PREVIOUS NATIONALITY? ______ Yes or No Country

HELD BETWEEN WHAT DATES? ______ TO ______ ANY OTHER NATIONALITY? ______ Country

GIVE PARTICULARS ______

______

HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP? ______ GIVE PARTICULARS:

______

FORM NO. 38-1
SEP 1948

E. IF BORN OUTSIDE U.S. WHEN DID YOU FIRST ARRIVE IN THIS COUNTRY? ______

PORT OF ENTRY? ______ ON PASSPORT OF WHAT COUNTRY? ______

LAST U.S. VISA ______ (Number / Type / Place of Issue / Date of Issue)

SEC. 2. PHYSICAL DESCRIPTION

AGE ______ SEX ______ HEIGHT ______ WEIGHT ______

EYES ______ HAIR ______ COMPLEXION ______ SCARS ______

BUILD ______ OTHER DISTINGUISHING FEATURES ______

SEC. 3. MARITAL STATUS

A. SINGLE ______ MARRIED x ______ DIVORCED ______ WIDOWED ______

STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS ______

NOT APPLICABLE

B. WIFE OR HUSBAND (IF YOU HAVE BEEN MARRIED MORE THAN ONCE—INCLUDE ANNULMENTS—USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND GIVING DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.)

NAME OF SPOUSE DOROTHY (First) LOUISE (Middle) WETZEL (Maiden) HUNT (Last)

PLACE AND DATE OF MARRIAGE MILLBROOK NEW YORK SEPT 7-1949

HIS (OR HER) ADDRESS BEFORE MARRIAGE c/o ECA (St. & No.) PARIS (City) (State) FRANCE (Country)

LIVING OR DECEASED LIVING DATE OF DECEASE — CAUSE —

PRESENT, OR LAST, ADDRESS 30 WILLETT ST (St. & No.) ALBANY (City) NY (State) USA (Country)

DATE OF BIRTH APR 1-1920 PLACE OF BIRTH DAYTON (City) OHIO (State) USA (Country)

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY NOT APPLICABLE

CITIZENSHIP USA WHEN ACQUIRED? BIRTH WHERE? ______ (City / State / Country)

OCCUPATION HOUSE WIFE LAST EMPLOYER ECA PARIS FRANCE

EMPLOYER'S OR BUSINESS ADDRESS NOT APPLICABLE (St. & No. / City / State / Country)

MILITARY SERVICE FROM NOT APPLICABLE (Date) TO ______ (Date) BRANCH OF SERVICE ______

COUNTRY — DETAILS OF OTHER GOV'T. SERVICE, U.S. OR FOREIGN

US DEPT OF STATE JULY 1944 - JAN 1946 - BERN S/W
US TREASURY DEPT APR 1946 - MAY 1947 - SHANGHAI, CHINA
ECA APR 1948 - AUG 1949 - PARIS, FRANCE

NOTE WIFE'S F[redacted]ER MARRIED NAM[redacted] 'GOUTIERE'.

SEC. 4. CHILDREN OR DEPENDENTS (Include partial dependents) NOT APPLICABLE

1. NAME ______ RELATIONSHIP ______ AGE ______
CITIZENSHIP ______ ADDRESS ______ (St. & No. / City / State / Country)

2. NAME ______ RELATIONSHIP ______ AGE ______
CITIZENSHIP ______ ADDRESS ______ (St. & No. / City / State / Country)

3. NAME ______ RELATIONSHIP ______ AGE ______
CITIZENSHIP ______ ADDRESS ______ (St. & No. / City / State / Country)

SEC. 5. FATHER (Give the same information for stepfather and/or guardian on a separate sheet)

FULL NAME ______ (First / Middle / Last)
LIVING OR DECEASED ______ DATE OF DECEASE ______ CAUSE ______
PRESENT, OR, LAST, ADDRESS ______ (St. & No. / City / State / Country)
DATE OF BIRTH ______ PLACE OF BIRTH ______ (City / State / Country)
IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY ______
CITIZENSHIP ______ WHEN ACQUIRED? ______ WHERE? ______ (City / State / Country)
OCCUPATION ______ LAST EMPLOYER ______
EMPLOYER'S OR OWN BUSINESS ADDRESS ______ (St. & No. / City / State / Country)
MILITARY SERVICE FROM ______ (Date) TO ______ (Date) BRANCH OF SERVICE ______
COUNTRY ______ DETAILS OF OTHER GOV'T SERVICE, U.S. OR FOREIGN.

SEC. 6. MOTHER (Give the same information for stepmother on a separate sheet)

FULL NAME ______ (First / Middle / Last)
LIVING OR DECEASED ______ DATE OF DECEASE ______ CAUSE ______
PRESENT, OR, LAST, ADDRESS ______ (St. & No. / City / State / Country)
DATE OF BIRTH ______ PLACE OF BIRTH ______
CITIZENSHIP ______ WHEN ACQUIRED? ______ WHERE? ______ (City / State / Country)
IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY ______

14-00000

SEC. 4. CHILDREN OR DEPENDENTS (Include partial dependents) NOT APPLICABLE

1. NAME ______ RELATIONSHIP ______ AGE ______
CITIZENSHIP ______ ADDRESS ______
St. & No. City State Country

2. NAME ______ RELATIONSHIP ______ AGE ______
CITIZENSHIP ______ ADDRESS ______
St. & No. City State Country

3. NAME ______ RELATIONSHIP ______ AGE ______
CITIZENSHIP ______ ADDRESS ______
St. & No. City State Country

SEC. 5. FATHER (Give the same information for stepfather and/or guardian on a separate sheet)

FULL NAME ______
First Middle Last

LIVING OR DECEASED ______ DATE OF DECEASE ______ CAUSE ______

PRESENT, OR, LAST, ADDRESS ______
St. & No. City State Country

DATE OF BIRTH ______ PLACE OF BIRTH ______
City State Country

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY ______

CITIZENSHIP ______ WHEN ACQUIRED? ______ WHERE? ______
City State Country

OCCUPATION ______ LAST EMPLOYER ______

EMPLOYER'S OR OWN BUSINESS ADDRESS ______
St. & No. City State Country

MILITARY SERVICE FROM ______ TO ______ BRANCH OF SERVICE ______
Date Date

COUNTRY ______ DETAILS OF OTHER GOV'T SERVICE, U.S. OR FOREIGN.

______

SEC. 6. MOTHER (Give the same information for stepmother on a separate sheet)

FULL NAME ______
First Middle Last

LIVING OR DECEASED ______ DATE OF DECEASE ______ CAUSE ______

PRESENT, OR LAST, ADDRESS ______
St. & No. City State Country

DATE OF BIRTH ______ PLACE OF BIRTH ______

CITIZENSHIP ______ WHEN ACQUIRED? ______ WHERE? ______
City State Country

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY ______

OCCUPATION ______ LAST EMPLOYER ______

EMPLOYER'S OR OWN BUSINESS ADDRESS ______
St. & No. City State Country

MILITARY SERVICE FROM ______ TO ______ BRANCH OF SERVICE ______

COUNTRY ______ DETAILS OF OTHER GOV'T SERVICE, U.S. OR FOREIGN.

______

SEC. 7. BROTHERS AND SISTERS (Including half-, step-, and adopted brothers and sisters)

1. FULL NAME ______ AGE ______
First Middle Last
PRESENT ADDRESS ______
St. & No. City State Country Citizenship

2. FULL NAME ______ AGE ______
First Middle Last
PRESENT ADDRESS ______
St. & No. City State Country Citizenship

3. FULL NAME ______ AGE ______
First Middle Last
PRESENT ADDRESS ______
St. & No. City State Country Citizenship

4. FULL NAME ______ AGE ______
First Middle Last
PRESENT ADDRESS ______
St. & No. City State Country Citizenship

5. FULL NAME ______ AGE ______
First Middle Last
PRESENT ADDRESS ______
St. & No. City State Country Citizenship

SEC. 8. FATHER-IN-LAW

FULL NAME ALBERT CHARLES WETZEL
First Middle Last

LIVING OR DECEASED LIVING DATE OF DECEASE — CAUSE —

PRESENT, OR LAST, ADDRESS c/o NCR DAYTON OHIO USA
St. & No. City State Country

DATE OF BIRTH JUNE 17 1891 PLACE OF BIRTH DAYTON OHIO USA

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY ______

NOT APPLICABLE

CITIZENSHIP USA WHEN ACQUIRED? BIRTH WHERE? ______
City State Country

OCCUPATION ______ LAST EMPLOYER NATIONAL CASH REGISTER DAYTON, OHIO

14-00000

SEC. 9. MOTHER-IN-LAW

FULL NAME JEANNETTE (First) ELNER (Middle) DAVIS (Last)

LIVING OR DECEASED LIVING DATE OF DECEASE — CAUSE —

PRESENT, OR LAST, ADDRESS 183 HAWTHORNE AVE (St. & No.) SARASOTA (City) FLA (State) USA (Country)

DATE OF BIRTH SEPT 4-1891 PLACE OF BIRTH DAYTON, OHIO

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY NOT APPLICABLE

CITIZENSHIP USA WHEN ACQUIRED? BIRTH WHERE? ______ (City) (State) (Country)

OCCUPATION RECEPTIONIST LAST EMPLOYER SARASOTA HOSPITAL

SEC. 10. RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, WHO EITHER LIVE ABROAD OR WHO ARE NOT CITIZENS OF THE UNITED STATES: NOT APPLICABLE

1. NAME ______ RELATIONSHIP ______ AGE ______
CITIZENSHIP ______ ADDRESS ______ (St. & No.) (City) (State) (Country)

2. NAME ______ RELATIONSHIP ______ AGE ______
CITIZENSHIP ______ ADDRESS ______ (St. & No.) (City) (State) (Country)

3. NAME ______ RELATIONSHIP ______ AGE ______
CITIZENSHIP ______ ADDRESS ______ (St. & No.) (City) (State) (Country)

SEC. 11. RELATIVES BY BLOOD OR MARRIAGE IN THE MILITARY OR CIVIL SERVICE OF THE U.S. OR OF A FOREIGN GOVERNMENT. NOT APPLICABLE

1. NAME ______ RELATIONSHIP ______ AGE ______
CITIZENSHIP ______ ADDRESS ______ (St. & No.) (City) (State)
TYPE AND LOCATION OF SERVICE (IF KNOWN) ______

2. NAME ______ RELATIONSHIP ______ AGE ______
CITIZENSHIP ______ ADDRESS ______ (St. & No.) (City) (State)
TYPE AND LOCATION OF SERVICE (IF KNOWN) ______

3. NAME ______ RELATIONSHIP ______ AGE ______
CITIZENSHIP ______ ADDRESS ______ (St. & No.) (City) (State)
TYPE AND LOCATION OF SERVICE (IF KNOWN) ______

SEC. 27. I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I AGREE THAT ANY MISSTATEMENT OR OMISSION AS TO A MATERIAL FACT WILL CONSTITUTE GROUNDS FOR IMMEDIATE DISMISSAL OR REJECTION OF MY APPLICATION.

SIGNED AT SARASOTA, FLA. (City and State) DATE 11 OCT. 1949

Jeannette Davis (Witness) E Howard Hunt J. (Signature of Applicant)

USE THE FOLLOWING PAGES FOR EXTRA DETAILS. NUMBER ACCORDING TO THE NUMBER OF THE QUESTION TO WHICH THEY RELATE. SIGN YOUR NAME AT THE END OF THE ADDED MATERIAL. IF ADDITIONAL SPACE IS REQUIRED USE EXTRA PAGES THE SAME SIZE AS THESE AND SIGN EACH SUCH PAGE.

14-00000

SECRET

CONFIDENTIAL FUNDS PERSONNEL ACTION

NAME: [redacted] E. Howard Hunt

DATE: 22 August 1950

NATURE OF ACTION: Appointment

EFFECTIVE DATE: 10 December 1950 ~~27 August 1950~~ 10 Dec. 1950

	FROM	TO
TITLE		Intelligence Officer II ~~Chief of Station~~
GRADE AND SALARY		GS-13 $7,600 p.a.
OFFICE		OPC
DIVISION		Latin America
BRANCH		Operations
OFFICIAL STATION		Mexico, Mexico City

APPROVAL

QUALIFICATIONS	FOR ASSISTANT DIRECTOR	EXECUTIVE
Joseph S. Kiff	C. D. Hulick EAD/OPC	
CLASSIFICATION	**PERSONNEL OFFICER**	
[signature]	[signature]	

POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS: YES [x] NO [ ]

OATH OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON: 11 December 1950

SECURITY CLEARED ON: 7 December 1950 7 December 1950

OVERSEAS AGREEMENT SIGNED: 11 December 1950

ENTERED ON DUTY: 10 December 1950

Chloie D. Hudson
SIGNATURE OF AUTHENTICATING OFFICER

REMARKS:

Charge to Mexico slot #1, JBEDICT
Budgetary allotment LA #3
~~Transfer~~ annual & ~~sick leave from~~ [illegible]

Transfer annual & sick leave from unvouchered funds.

COPY IN PAYROLL FILES
CONFIDENTIAL FUNDS BRANCH

✓ E. H. Farr

FORM NO. 37-1
NOV 1949

SECRET

GPO CSO 50-284

14-00000

STANDARD FORM 61 (REVISED AUGUST 1950)
PROMULGATED BY CIVIL SERVICE COMMISSION
FEDERAL PERSONNEL MANUAL

APPOINTMENT AFFIDAVITS

IMPORTANT.—*Before swearing to these appointment affidavits, you should read and understand the attached information for appointee*

Central Intelligence Agency (Department or agency) .... (Bureau or division) .... Washington, D. C. (Place of employment)

I, E. Howard Hunt, Jr. , do solemnly swear (or affirm) that—

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, SO HELP ME GOD.

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I a member of any organization that advocates the overthrow of the Government of the United States by force or violence or other unconstitutional means or seeking by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) I will not so advocate, nor will I become a member of such organization during the period that I am an employee of the Federal Government.

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not, while a Government employee, become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not paid, or offered or promised to pay, any money or other thing of value to any person, firm or corporation for the use of influence to procure my appointment.

E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

The answers given in the Declaration of Appointee on the reverse of this form are true and correct.

11 Dec 1950 (Date of entrance on duty) E Howard Hunt Jr (Signature of appointee)

Subscribed and sworn before me this 11th day of December, A. D. 1950,

at Washington (City) D. C. (State)

[SEAL]

(Signature of officer)

Clerk (Title)

NOTE.—*If the oath is taken before a Notary Public the date of expiration of his commission should be shown.*

DECLARATION OF APPOINTEE

This form is to be completed before entrance on duty. Answer all questions. Any false statement in this declaration will be grounds for cancellation of application or dismissal after appointment. Impersonation is a criminal offense and will be prosecuted accordingly.

1. PRESENT ADDRESS (*street and number, city and State*)

2. (A) DATE OF BIRTH	(B) PLACE OF BIRTH (*city or town and State or country*)

3. (A) IN CASE OF EMERGENCY PLEASE NOTIFY	(B) RELATIONSHIP	(C) STREET AND NUMBER, CITY AND STATE	(D) TELEPHONE NO.
E. H. Hunt	Father	30 Willett St. Albany 6, N.Y.	3-6218

4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS? ☐ YES ☐ NO
If so, for each such relative fill in the blanks below. If additional space is necessary, complete under Item 10.

NAME	POST OFFICE ADDRESS (*Give street number, if any*)	(1) POSITION (2) TEMPORARY OR NOT (3) DEPARTMENT OR AGENCY IN WHICH EMPLOYED	RELATIONSHIP	MARRIED	SINGLE
		1. 2. 3.			
		1. 2. 3.			
		1. 2. 3.			

(*Check one*)

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
5. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?		
6. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? *If your answer is "Yes", give details in Item 10.*		
7. DO YOU RECEIVE ANY ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? *If your answer is "Yes", give in Item 10 reason for retirement, that is, age, optional disability, or by reason of voluntary or involuntary separation after 5 years' service; amount of retirement pay, and under what retirement act; and rating, if retired from military or naval service.*		
8. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT HAVE YOU BEEN DISCHARGED, OR FORCED TO RESIGN, FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION? *If your answer is "Yes", give in Item 10 the name and address of employer, date and reason in each case.*		
9. HAVE YOU BEEN ARRESTED (NOT INCLUDING TRAFFIC VIOLATIONS FOR WHICH YOU WERE FINED $25 OR LESS, OR FORFEITED COLLATERAL OF $25 OR LESS) SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT? *If your answer is "Yes", list all such cases under Item 10. Give in each case: (1) The date; (2) the nature of the offense or violation; (3) the name and location of the court; (4) the penalty imposed, if any, or other disposition of the case. If appointed, your fingerprints will be taken.*		

10. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS

ITEM NO.	WRITE IN LEFT COLUMN NUMBERS OF ITEMS TO WHICH DETAILED ANSWERS APPLY

INSTRUCTIONS TO APPOINTING OFFICER

The appointing officer before whom the foregoing certificate is made shall determine to his own satisfaction that this appointment would be in conformance with the Civil Service Act, applicable Civil Service Rules and Regulations and acts of Congress pertaining to appointment.

This form should be checked for holding of office, pension, suitability in connection with any record of recent discharge or arrest, and particularly for the following:

(1) *Identity of appointee.*—It is the duty of the appointing officer to guard against impersonation and to determine beyond reasonable doubt that the appointee is the same person whose appointment was authorized. The appointee's signature and handwriting are to be compared with the application and other pertinent papers. If the appointee qualified in a written examination, the signature on this form should be compared with the signature on the declaration sheet, which was signed in the examination room. His physical appearance may be checked against the medical certificate. The appointee may also be questioned on his personal history for agreement with his previous statements.

(2) *Age.*—If definite age limits have been established for the position, it should be determined that applicant is not outside the age range for appointment. Until such determination is made, the appointment may not be consummated.

(3) *Citizenship.*—The appointing officer is responsible for observing the citizenship provisions of (1) the Civil Service Rules and (2) appropriation acts. Form 61 constitutes an affidavit for both purposes and is acceptable proof of citizenship status in the absence of conflicting evidence. In doubtful cases the appointment should not be consummated until clearance has been secured from the certifying office of the Civil Service Commission.

(4) *Members of Family.*—Section 9 of the Civil Service Act provides that whenever there are already two or more members of a family serving under probational or permanent appointment in the competitive service, no other member of such family is eligible for probational or permanent appointment in the competitive service. The appointments of persons entitled to veteran preference are not subject to this requirement. The members of family provision does not apply to temporary appointments. Doubtful cases may be referred to the appropriate office of the Civil Service Commission for decision.

U. S. GOVERNMENT PRINTING OFFICE [illegible]

14-00000

SECRET

MR File CR

CONFIDENTIAL FUNDS PERSONNEL ACTION

NAME: E. Howard Hunt, Jr.

DATE: 13 December 1950

NATURE OF ACTION: Integration

EFFECTIVE DATE: 13 December 1950

	FROM	TO
TITLE	Intelligence Officer GS-13	Attache FSR-4
GRADE AND SALARY	GS-13 $7,600.00	FSR-4 $7,830.00
OFFICE	OPC	OPC
DIVISION	LA	LA
BRANCH		
OFFICIAL STATION	Mexico City, Mexico	Mexico City, Mexico

QUALIFICATIONS

APPROVAL

FOR ASSISTANT DIRECTOR

EXECUTIVE

CLASSIFICATION

PERSONNEL OFFICER

Ice 13 dec 50

POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS YES [ ] NO [ ]

OATH OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON

SECURITY CLEARED ON

OVERSEAS AGREEMENT SIGNED

ENTERED ON DUTY

SIGNATURE OF AUTHENTICATING OFFICER

REMARKS:

Subject is due a lump sum payment for annual leave to be paid up to 12 December 1950.

POSTED
16 Dec

FORM NO. 37-1
NOV 1949

SECRET

GPO DSC 50-284

SECRET

File

Agreement

AGREEMENT made this 13th day of December, 1950, effective the 13th day of December, 1950, by and between the United States of America (hereinafter referred to as the Government), as represented by the Central Intelligence Agency, and E. Howard Hunt, Jr. (hereinafter referred to as the Employee).

RECITALS

A. The Government desires the services of the Employee for CIA under circumstances requiring the Employee to receive a Foreign Service Staff Corps designation from the Department of State and proposes to send the Employee overseas to Mexico for operations in the general area of ______.

B. The Employee desires as an employee of the Government to serve CIA abroad under the supervision and control of the Assistant Director for Special Operations, CIA,(ADSO) and is willing to accept a designation in the Foreign Service Staff Corps with the obligations thereof.

In consideration of the premises, the mutual covenants and promises herein contained, and for other good and valuable considerations, the parties hereto agree as follows:

ARTICLE I. Relationship of Employee to the Department of State. The Employee, in so far as possible, shall abide by all the rules, regulations, and customs of the Foreign Service of the United States which affect personnel of the Foreign Service Staff Corps in order to appear as a normal member of the Foreign Service establishment.

1. The Employee shall rigidly comply with the provisions of Title X, Part A of the Foreign Service Act of 1946, prohibiting officers and employees of the Foreign Service from:

(a) Wearing uniforms;
(b) Accepting presents from foreign governments;
(c) Engaging in business abroad;
(d) Correspondence on affairs of foreign governments;
(e) Political, racial, religious, or color discrimination.

SECRET

2. The Chief of the Foreign Service establishment and certain other key members of his staff will know about the Employee's status and relationship under the terms of the TOP SECRET agreement between the Department of State and CIA. Other personnel may discover that there are certain irregularities in travel orders, position numbers, pay accounts, and other internal administrative procedures of the Foreign Service. Nevertheless, the Employee shall not divulge his relationship to CIA except with the expressed approval of the ADSO. While serving abroad, he shall for normal administration be under the control of the Chief of the Foreign Service establishment to which he is attached, but for operations, including travel as specified below, he shall be under the control of CIA.

3. The travel of the Employee shall be governed as follows:

(a) For temporary duty outside the continental limits of the United States within or beyond the Employee's stipulated area, he shall perform CIA operational travel as directed by the ADSO or his designee with the consent of the Chiefs of the Foreign Service establishment involved. TD travel customary and necessary in the performance of routine Foreign Service Staff functions may be performed without clearance from the ADSO.

(b) For any travel to the United States, either temporary duty or permanent change of station, the Employee shall travel only at the direction of the ADSO after clearance has been arranged through the State Department in Washington.

(c) All travel will be directed and performed in accordance with Foreign Service rules and regulations.

4. Although the Employee's Foreign Service Staff Corps title, location, appointment, Foreign Service class, and other pertinent information may be published in the Foreign Service list and other publications of the Department of State, such listings shall not affect his employment and the obligations and duties stipulated in this contract.

5. All payments to be made under this contract, including reimbursement for travel expenses, shall be made to the Employee by the Department of State except payments referred to in ARTICLE II, Section 4.

ARTICLE II. Relationship of Employee to CIA. Although for all intents and purposes it will appear as though the Employee is employed by the Department of State as indicated in ARTICLE I above, he shall in fact be employed by and under the operational control of CIA. In so far as possible, he will be expected to abide by the rules, regulations, customary practices, and courtesies of the Foreign Service, but his ultimate responsibility will be to CIA. In the event of any conflict of authority in the field between the Department of State and CIA, the matter shall be referred to the ADSO for resolution.

1. The line of authority for the Employee shall be as follows:

(a) Senior Representative of OSO at Foreign Service establishment.
(b) OSO Foreign Branch Chief in Washington.
(c) Chief of Operations, OSO OPC.
(d) ADSO ADPC
(e) Director of CIA.

2. All travel shall be directed by the ADSO in accordance with ARTICLE I, Section 3. The Employee shall request appropriate Foreign Service clearance for travel through the Senior OPC OSO Representative at the Foreign Service establishment, who shall be responsible for arranging such clearance.

3. It is understood and agreed that the Employee's overseas assignment is to be for a minimum period of two years from the date of his arrival at his overseas post of duty, unless terminated by the Government for its convenience. If the assignment is terminated in less than twenty-four months at the Employee's request, the following shall prevail:

(a) If the Employee resigns in less than twelve months from the date of his arrival at his overseas post of duty, he shall reimburse CIA for all travel expenses involved in the transportation of himself, his immediate family, household goods, and personal effects to the foreign station, and pay all such expenses for return to the United States. Such expenses for return to the United States and amounts expended by the Government on account of such travel and transportation shall be considered a debt due by the Employee to the United States.

(b) If the Employee desires to terminate between the twelfth and twenty-fourth month from the date of his arrival at his overseas post of duty, he shall pay all expenses for the travel and transportation of himself, his immediate family, household goods, and personal effects to the United States.

4. If deemed necessary by CIA, the Employee may be reimbursed or advanced funds for operational expenses. Such amounts must be advanced or reimbursement made in accordance with CIA regulations, which require a full accounting of the amounts expended by the Employee. Therefore, the Employee will be required to account fully for any such funds advanced or reimbursed in accordance with CIA regulations.

ARTICLE III. Overseas Allowances and Transportation Expenses. When specifically authorized by the ADSO, the expenses of travel and transportation of the Employee, his immediate family, household goods and effects, including personally owned automobile and other allowances, will be paid the Employee in accordance with the Foreign Service Act of 1946 and regulations issued thereunder by the Department of State. When authorized by the ADSO, the Employee shall be paid a quarters allowance, cost of living allowance, or special foreign living allowance in accordance with the Foreign Service Act of 1946 and regulations issued thereunder. The amount of quarters and cost of living allowances and the special foreign living allowance is set forth in Bureau of the Budget Circular A-8, which is amended periodically to reflect adjustments in price indexes. Therefore, such allowances will be subject to change, and the amounts paid will vary according to Budget Circular A-8.

ARTICLE IV. Annual and Sick Leave. The Employee shall be permitted annual leave, sick leave, and leave of absence in accordance with Title IX, Part D of the Foreign Service Act of 1946. Under such Act, the Employee may be granted not to exceed sixty calendar days annual leave of absence with pay in each year. Annual leave which the Employee may receive and which is not used in any one year shall be accumulated for succeeding years until it totals 180 days. Sick leave with pay may be granted to the Employee at the rate of fifteen calendar days each calendar year and may be accumulated for succeeding years until it totals 120 days.

1. If the Employee is transferred from another Government Agency to this position, any annual or sick leave standing to his credit in such Agency, may be transferred, if appropriate, in accordance with E. O. 9837, 27 March 1947, issued pursuant to Section 935 of the Foreign Service Act of 1946.

ARTICLE V. Return to the United States. The Employee shall be ordered to the United States on leave of absence or permanent change of station upon completion of two years continuous service abroad or as soon as possible thereafter.

ARTICLE VI. Retirement. The Employee occupies a position within the purview of the Civil Service Retirement Act. Accordingly, deductions shall be made at the rate provided by law (presently 5%) from the Employee's basic salary and placed in the Civil Service Retirement Fund. The Employee may not avail himself of the provisions of the Foreign Service Retirement and Disability System, provided for in Title VIII of the Foreign Service Act of 1946.

ARTICLE VII. Medical Care and Hospitalization. In the event of illness or injury to the Employee requiring hospitalization not the result of vicious habits, intemperance, or misconduct on his part, and incurred in the line of duty while assigned abroad, the expenses of treatment of such illness or injury at a suitable hospital or clinic, or transportation expenses to such hospital or clinic may be paid by the Government in accordance with Title IX, Part E of the Foreign Service Act of 1946. Under appropriate regulations, a physical examination of the Employee will be made, together with necessary inoculations, or vaccinations, or the expense thereof will be paid to the Employee.

1. In the event of the death or disability of the Employee, the Employee or his dependents shall be afforded the benefits of the United States Employees' Compensation Act of 7 September 1916, as amended.

ARTICLE VIII. Equipment. The Employee may be furnished technical equipment and supplies to assist in the rendition of services hereunder, including an automobile where necessary. The Employee shall be responsible for such equipment and supplies issued to him by CIA in accordance with CIA Property Regulations. All such material shall remain the property of the Government regardless of any apparently conflicting ownership or the manner of registration.

ARTICLE IX. Salary. The Employee shall receive a basic salary of $[illegible] per year in accordance with Section 415 of the Foreign Service Act of 1946. In-class promotions shall be granted to the Employee in accordance with regulations established in the Department of State pursuant to Title VI, Part E, Section 642 of the Foreign Service Act of 1946. Other changes in status will be made only as specifically authorized by the ADSO. ADFC

ARTICLE X. Continuance of Pay and Allowances. If the Employee is determined by CIA to be absent in a status of "Missing", "Missing in Action", "Interned in a Neutral Country", "Captured by an Enemy", "Beleaguered", or "Beseiged", he shall for the period he is determined to be in any such status be entitled to receive or to have credited to his account the same pay and allowances to which he was entitled at the beginning of such period of absence. Continuance of pay and allowances as specified above shall be as prescribed in the Missing Persons Act of 1942 (50 U.S.C.A. App 1001-1015, 7 March 1942).

ARTICLE XI. General. The Employee shall comply with the following provisions, and violation thereof by the Employee shall be deemed a breach of this contract.

1. In participating in the programs and activities of any private organization, the Employee shall make it clear that the Department of State has no official connection with such organization and that it does not sponsor or sanction the viewpoints which he may express. In general, his relations with private organizations shall be governed by applicable Foreign Service Regulations.

2. Neither the Employee nor the members of his family shall act as correspondents for American or foreign newspapers, press syndicates, or associations unless special authorization has been obtained in advance from the ADSO. He shall not write for publication any article or other manuscript on political or controversial subjects. Articles or manuscripts on nonpolitical or noncontroversial subjects shall be submitted to the ADSO for review and approval prior to their submission to a publisher.

3. Neither the Employee nor members of his family shall correspond privately on personnel or other official matters with members of Congress, or officers in the Department of State, CIA, or other Governmental agencies.

4. Members of the Employee's family shall not be employed in the same Foreign Service office except during grave emergencies or when special authorization has been obtained in advance of employment from both the Department of State and CIA.

5. Before contracting marriage with a person of foreign nationality, the Employee shall request and obtain permission from the appropriate officials in both the Department of State and CIA. Any such marriage with an alien without obtaining advance permission shall be deemed a breach of this contract and shall result in termination of service with the Government.

6. In the event the Employee desires to resign from the service overseas, he shall submit a written resignation addressed to the ADSO, who will take appropriate steps to clear the matter with the Department of State.

ARTICLE XII. Security. This contract contains information affecting the national defense of the United States within the meaning of the Espionage Act (50 U.S.C. 31 and 32, as amended). Its transmission or the revelation of its contents in any manner to an unauthorized person is prohibited by law. Violation of this ARTICLE or any security agreement signed by the Employee with the Government shall result in immediate disciplinary action, which may include suspension, separation from Government service, and may subject the Employee to criminal prosecution under the Espionage Act.

1. The termination of this contract will not release the Employee from the provisions of any security oaths which he may be required to take by CIA.

2. The Employee shall not publish, transmit, or divulge in any manner, information received by him as the result of his employment by the Government under this contract without specific written authority from the Director, CIA.

ARTICLE XIII. Orders and Directives. Orders and Directives received by the Employee from competent authority, including instructions received in briefing and training, shall be complied with by the Employee. No promises or commitments to the Employee of any nature whatsoever, beyond and in addition to the terms hereof, shall be binding on the Government unless and until such promise or commitment is reduced to writing and approved by an authorized official of CIA, and such writing placed with this contract thereby becoming an amendment hereto.

ARTICLE XIV. Amendments. The Government may at any time amend this contract and may terminate this contract upon thirty day prior notice to the Employee. If the Government proposes to amend this contract by reducing the salary provided for in ARTICLE IX (including class promotions, or other authorized increases, if any) and such reduction is unacceptable to the Employee, resignation by the Employee for such reason shall be considered as a termination of this contract for the convenience of the Government. Where the Employee is directed to proceed to a new post on a permanent change of station by the ADSO, this contract will be deemed to have been amended to the extent of such change.

SECRET

ARTICLE XV. Special Provisions. The following special provisions shall apply to the Employee under this contract:

In the event any of the provisions in this Article are inconsistent with the provisions of any other Article in this contract, the provisions of this Article XV, shall govern and be determinative of the rights and obligations under this contract.

UNITED STATES OF AMERICA

WITNESS:

BY: [signature]

~~Chief, Special Funds Division~~
CHIEF, EMPLOYEES DIVISION

[signature]
~~(Foreign Branch Chief)~~
CHIEF, OVERSEAS BRANCH

~~APPROVED:~~

[signature]
(Employee)

~~Chief of Operations~~

~~Assistant Director for Special Operations~~

SECRET

14-00000

STANDARD FORM 50
OCTOBER 1949
PROMULGATED BY
U. S. CIVIL SERVICE COMMISSION
CHAPTER 21, FEDERAL PERSONNEL MANUAL

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION (lag)

1. NAME (MR.–MISS–MRS.–ONE GIVEN NAME, INITIAL(S), AND SURNAME)	2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
Mr. Howard Hunt	9 Oct. 1918	#4057	30 Dec. 1950

This is to notify you of the following action affecting your employment:

5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)	6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
Resignation*	COB 9 Dec. 1950	

FROM		TO
Intelligence Officer GS-13 (Editor)	8. POSITION TITLE	
GS-13-130-$7600.00 per annum	9. SERVICE, SERIES, GRADE, SALARY	
OPC Program & Planning Staff Program Group II Editorial Prod. Division	10. ORGANIZATIONAL DESIGNATIONS	
Washington, D. C.	11. HEADQUARTERS	
[ ] FIELD [X] DEPARTMENTAL	12. FIELD OR DEPT'L	[ ] FIELD [ ] DEPARTMENTAL

13. VETERAN'S PREFERENCE

NONE	WWII	OTHER	5-PT.	10-POINT DISAB.	10-POINT OTHER
	X		X		

14. POSITION CLASSIFICATION ACTION

NEW	VICE	I. A.	REAL.	
		X		Bu.#2971 CSC#3112 6/2/49

15. SEX	16. RACE	17. APPROPRIATION	18. SUBJECT TO C. S. RETIREMENT ACT (YES–NO)	19. DATE OF APPOINTMENT OF AFFIDAVITS (ACCESSIONS ONLY)	20. LEGAL RESIDENCE
M	W	FROM: 2115900 TO: 801-101	Yes		[X] CLAIMED [ ] PROVED STATE: Va.

21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.

* To accept other employment.

LWD: 12/8/50
LSL: 155 hrs., 12/11/50 thru 11:30 am, 1/9/51.

ENTRANCE EFFICIENCY RATING:

H. C. Clinkscale
H. C. CLINKSCALE
Employees Division
22. SIGNATURE OR OTHER AUTHENTICATION

U. S. GOVERNMENT PRINTING OFFICE

4. PERSONNEL FOLDER COPY

SECRET

CONFIDENTIAL FUNDS PERSONNEL ACTION

NAME	E. Howard Hunt (Integree)	DATE: 16 May 1951
NATURE OF ACTION	Promotion	EFFECTIVE DATE: 10 June 1951

	FROM	TO
TITLE	Attache (I.O.) FSR-4 (GS-13)	Attache (I.O.) FSR-4 (GS-14)
GRADE AND SALARY	FSR-4 $7830.00 (GS-13 $7800 per annum)	FSR-4 $7830.00 (GS-14 $8800 per annum)
OFFICE	OPC	OPC
DIVISION	LA	LA
BRANCH		
OFFICIAL STATION	Mexico City, Mexico	Mexico City, Mexico

QUALIFICATIONS	APPROVAL: FOR ASSISTANT DIRECTOR	EXECUTIVE
CLASSIFICATION: 6-847 Audrey J Thomas	PERSONNEL OFFICER: H C [illegible] 5/6/51	

POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS YES ☐ NO ☐

OATH OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON ______

SECURITY CLEARED ON ______

OVERSEAS AGREEMENT SIGNED ______

ENTERED ON DUTY ______

______
SIGNATURE OF AUTHENTICATING OFFICER

REMARKS:

Slot #1 - JBEDICT-Mexico
Semi-covert

Difference between $8800 and $7830 to be paid by CIA.

In grade since EOD 10 December 1950

FORM NO. 37-2
NOV 1949

SECRET

GPO 83-500339

14-00000

SECRET

CONFIDENTIAL FUNDS PERSONNEL ACTION

NAME	DATE
E. Howard HUNT	24 May 1951
NATURE OF ACTION	**EFFECTIVE DATE**
Periodic Pay Increase	13 May 51

	FROM	TO
TITLE	Attache Intelligence Officer	Attache Intelligence Officer
GRADE AND SALARY	FSR-4 $7830.00 GS-13 $7600.00	FSR-4 $7830.00 GS-13 $7800.00
OFFICE	OPC	OPC
DIVISION	LA	LA
BRANCH		
OFFICIAL STATION	Mexico City, Mexico	Mexico City, Mexico

APPROVAL

QUALIFICATIONS	FOR ASSISTANT DIRECTOR	EXECUTIVE
CLASSIFICATION	PERSONNEL OFFICER D V Mulcahy	

POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS YES ☐ NO ☐

OATH OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON ______

SECURITY CLEARED ON ______

OVERSEAS AGREEMENT SIGNED ______

ENTERED ON DUTY ______

PURSUANT TO DCI EFFECTIVE ... 24 OCT 1951 SALARY ADJUSTED TO $ 8560.00

______ (SIGNATURE OF AUTHENTICATING OFFICER)

REMARKS:

-- L.S.I. 8 Nov. 1949

This is to certify that the conduct and services of the employee during this period were satisfactory in all respects.

Difference between Dept. of State salary and CIA salary to be paid by DIA.

E. H. [signature]
Division Chief

FORM NO. 37-1 NOV 1949

SECRET

GPO 16-62306-1 (2)

14-00000

GOVERNMENT PRINTING OFFICE: 1952

1. Agency and organizational designations	2. Pay period	3. Block No. UV	4. Slip No.
5. Employee's name (and social security account number when appropriate) FUNT, E. Howard	6. Grade and salary GS - 14 $9600		

PAY ROLL CHANGE DATA

	BASE PAY	OVERTIME		GROSS PAY	RET.	TAX	BOND	F.I.C.A.			NET PAY
7. Previous normal											
8. New normal											
9. Pay this period											

10. Remarks	11. Appropriation (s)	12. Prepared by
14	030/VH	13. Audited by

X Periodic step-increase ☐ Pay adjustment ☐ Other step-increase

14. Effective date	15. Date last equivalent increase	16. Old salary rate	17. New salary rate	18. Performance rating is satisfactory or better.
Dec 52	10 Jun 51	$9600	$9800	(Signature or other authentication)

19. LWOP data (Fill in appropriate spaces covering LWOP during following periods):
Period(s):
☐ No excess LWOP Total excess LWOP

(Check applicable box in case of excess LWOP)
☐ [illegible] status [illegible]
☐ LWOP [illegible]
[illegible] of Clerk

STANDARD FORM NO. 1126 -Revised
Form prescribed by Comp. Gen., U. S.
Nov. 8, 1950, General Regulations No. 102

PAY ROLL CHANGE SLIP — PERSONNEL COPY

14-00000

STANDARD FORM 52
PROMULGATED BY THE U.S. CIVIL SERVICE COMMISSION
FEDERAL PERSONNEL MANUAL CHAPTER

SECRET
SECURITY INFORMATION

REQUEST FOR PERSONNEL ACTION

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr.—Miss—Mrs.— One given name, initial(s), and surname)	2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REQUEST
Mr. E. Howard HUNT	9 Oct. 1918	-	30 Apr. 53

5. NATURE OF ACTION REQUESTED. A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)
Conversion from FSR Status

6. EFFECTIVE DATE A. PROPOSED: 7 Mar. 53 *
B. APPROVED: 7 Mar 53

7. C. S. OR OTHER LEGAL AUTHORITY

B. POSITION (Specify whether establish, change grade or title, etc.)

	FROM—		TO—
8. POSITION TITLE AND NUMBER	ATTACHE, FSR-3		INTEL. OFF [illegible]
9. SERVICE, GRADE, AND SALARY	FSR-4, ~~$8300.00~~ $8763 p.a.		GS-132-14, $9300.00 p.a.
10. ORGANIZATIONAL DESIGNATIONS	DDP WH III		DDP WH III
11. HEADQUARTERS	Mexico City, Mexico		Mexico City, Mexico
12. FIELD OR DEPARTMENTAL	[X] FIELD [ ] DEPARTMENTAL		[X] FIELD [ ] DEPARTMENTAL

A. REMARKS (Use reverse if necessary)
S-1

* Subject resigned from State in the field effective this date.

CDS? PCPP

B. REQUESTED BY (Name and title) C/WH

C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) V. C. LYNCH, x-457

D. REQUEST APPROVED BY Signature: J. Keith Reed Title: D/P Admin.

13. VETERAN PREFERENCE: NONE | WWII | OTHER | 5-PT. X | 10 POINT: DISAB. | OTHER

14. POSITION CLASSIFICATION ACTION: NEW | VICE | L.A. | REAL.

15. SEX: M | 16. RACE: W | 17. APPROPRIATION FROM: TO: 3522

18. SUBJECT TO C. S. RETIREMENT ACT (YES—NO)

19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)

20. LEGAL RESIDENCE [X] CLAIMED [ ] PROVED STATE: Virginia

21. STANDARD FORM 50 REMARKS

POSTED
JM 11 May

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.			
B. CEIL. OR POS. CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.			
E.			

F. APPROVED BY
[illegible signature] 5/..53

16-67529-8

14-00000

SECURITY INFORMATION

STANDARD FORM 52

REQUEST FOR PERSONNEL ACTION

SECRET

UNVOUCHERED PP

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr. – Miss – Mrs. – One given name, initial(s), and surname)	2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REQUEST
Mr. E. Howard HUNT	9 OCT 1918	174-53	18 MAY 1953

5. NATURE OF ACTION REQUESTED:
A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)
~~Resignation~~ Reassignment

B. POSITION (Specify whether establish, change grade or title, etc.)

6. EFFECTIVE DATE A. PROPOSED:
B. APPROVED:

7. C.S. OR OTHER LEGAL AUTHORITY

	FROM—		TO—
8. POSITION TITLE AND NUMBER	Intelligence Officer S-1		
9. SERVICE, GRADE, AND SALARY	GS-132-14 $9800		
10. ORGANIZATIONAL DESIGNATIONS	DDP/WH III		
11. HEADQUARTERS	Mexico City, Mexico		
12. FIELD OR DEPARTMENTAL	[X] FIELD [ ] DEPARTMENTAL		[ ] FIELD [ ] DEPARTMENTAL

A. REMARKS (Use reverse if necessary)

Slot #1
Transfer leave to Vouchered Funds.

B. REQUESTED BY (Name and title)
C. R. [illegible] C/WH

C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)
V. C. LYNCH X-457

D. REQUEST APPROVED BY
Signature: J. Keith Reed
Title:

13. VETERAN PREFERENCE: NONE | WWII | OTHER, 5-PT | 10 POINT (DISAB. / OTHER)

14. POSITION CLASSIFICATION ACTION: NEW | VICE | I.A. | REAL

15. SEX | 16-17. RACE | APPROPRIATION 9522 FROM: TO:

18. SUBJECT TO C.S. RETIREMENT ACT (YES—NO)

19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)

20. LEGAL RESIDENCE [ ] CLAIMED [ ] PROVED. STATE:

21. STANDARD FORM 50 REMARKS

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.			
B. CEIL. OR POS. CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.			
E.			

F. APPROVED BY
[signature] 6/15/53

SECRET

10—47320-2

14-00000

SECRET

STANDARD FORM 52
PROMULGATED BY THE U. S. CIVIL SERVICE COMMISSION JANUARY 1951 FEDERAL PERSONNEL MANUAL CHAPTER R1

REQUEST FOR PERSONNEL ACTION

VOUCHERED PP

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr.—Miss—Mrs.—One given name, initial(s), and surname)	2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REQUEST
Mr. E. Howard HUNT	9 OCT 1918	174A-53	18 May 1953

5. NATURE OF ACTION REQUESTED:
A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)
~~Appointment~~ Reassignment

B. POSITION (Specify whether establish, change grade or title, etc.)

6. EFFECTIVE DATE
A. PROPOSED:
B. APPROVED:

7. C. S. OR OTHER LEGAL AUTHORITY

	FROM—	TO—
8. POSITION TITLE AND NUMBER		Operations Officer BD-22-14
9. SERVICE, GRADE, AND SALARY		GS-132-14 $9800
10. ORGANIZATIONAL DESIGNATIONS		DDP/SE SE Political & PW Staff Office of the Chief
11. HEADQUARTERS		Washington, D. C.
12. FIELD OR DEPARTMENTAL	☐ FIELD ☐ DEPARTMENTAL	☐ FIELD ☒ DEPARTMENTAL

A. REMARKS (Use reverse if necessary)

Transfer leave from Unvouchered Funds.

EMSP incur

B. REQUESTED BY (Name and title)
JOSEPH BURK SE/ADMIN — for Thomas M. Fisher

C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)
ROBERT BURNS X-3965

D. REQUEST APPROVED BY
Signature: J. Keith Reid
Title:

13. VETERAN PREFERENCE
NONE	WWI	OTHER	5-PT	10-POINT DISAB.	10-POINT OTHER
	X		X		

14. POSITION CLASSIFICATION ACTION
NEW	VICE	I. A.	REAL.

CD-PP

15. SEX: M
16. RACE: W
17. APPROPRIATION: 4-3200-20
FROM
TO

18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)

19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)

20. LEGAL RESIDENCE ☐ CLAIMED ☐ PROVED
STATE:

21. STANDARD FORM 50 REMARKS

Clearance 7/23/53
W. A. Holcombe

22. CLEARANCES	INITIAL OR SIGNATURE	DATE
A.		
B. CEIL. OR POS. CONTROL		
C. CLASSIFICATION		
D. PLACEMENT OR EMPL.		
E.		

REMARKS:

F. APPROVED BY
M. L. Shor 6/18/53

SECRET

16—67130-6

STANDARD FORM 50
REV. APRIL 1952
PROMULGATED BY
U. S. CIVIL SERVICE COMMISSION

CENTRAL INTELLIGENCE AGENCY

SECRET
Security Information

NOTIFICATION OF PERSONNEL ACTION

Conc. 23 Jul 53 bn

1. NAME (MR.—MISS—MRS.—ONE GIVEN NAME, INITIAL(S), AND SURNAME)	2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
Mr. E. Howard Hunt	9 Oct 1918		30 July 1953

This is to notify you of the following action affecting your employment:

5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)	6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
Reassignment	2 Aug. 1953	Schedule A-6.116 (b)

FROM		TO
Intelligence Officer 8-1	8. POSITION TITLE	Operations Officer SD-22-14
GS-132-14 $9800.00 per annum	9. SERVICE, SERIES, GRADE, SALARY	GS-132-14 $9800.00 per annum
DDP/WH III	10. ORGANIZATIONAL DESIGNATIONS	DDP/SE SE Political & PW Staff Office of the Chief
Mexico City, Mexico	11. HEADQUARTERS	Washington, D.C.
[X] FIELD [ ] DEPARTMENTAL	12. FIELD OR DEPT'L	[ ] FIELD [X] DEPARTMENTAL

13. VETERAN'S PREFERENCE

NONE	WWII	OTHER	5-PT.	10-POINT DISAB.	10-POINT OTHER
	X		X		

14. POSITION CLASSIFICATION ACTION

NEW	VICE	L.A.	REAL.

CD-PP

15. SEX	16. RACE	17. APPROPRIATION	18. SUBJECT TO C. S. RETIREMENT ACT (YES NO)	19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)	20. LEGAL RESIDENCE
M	W	FROM 4-3570-55-060 TO 4-3200-20	yes		[ ] CLAIMED [ ] PROVED STATE:

21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.

Transfer TO vouchered funds FROM unvouchered funds

Chief, Personnel Division
ENTRANCE PERFORMANCE RATING:

SECRET

22. SIGNATURE OR OTHER AUTHENTICATION

8-3-53

U. S. GOVERNMENT PRINTING OFFICE 1952 310784

4. PERSONNEL FOLDER COPY

14-00000

STANDARD FORM 52

REQUEST FOR PERSONNEL ACTION

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr.—Miss—Mrs.—One given name, initial(s), and surname): Mr. E. Howard Hunt

2. DATE OF BIRTH: 9 Oct. 1918

3. REQUEST NO.:

4. DATE OF REQUEST: 4 Aug. 1953

5. NATURE OF ACTION REQUESTED:
A. PERSONNEL (Specify whether appointment, promotion, separation, etc.): Promotion
B. POSITION (Specify whether establish, change grade or title, etc.):

6. EFFECTIVE DATE
A. PROPOSED:
B. APPROVED: 16 Aug 53

7. C. S. OR OTHER LEGAL AUTHORITY:

	FROM—		TO—
8. POSITION TITLE AND NUMBER	Operations Officer BD-22-14		Operations Officer BD-22
9. SERVICE, GRADE, AND SALARY	GS-132-14 $9800 p.a.		GS-132-15 $10,800 p.a.
10. ORGANIZATIONAL DESIGNATIONS	DDP/SE SE Political & PW Staff Office of the Chief		DDP/SE SE Political & PW Staff Office of the Chief
11. HEADQUARTERS	Washington, D. C.		Washington, D. C.
12. FIELD OR DEPARTMENTAL	☐ FIELD ☒ DEPARTMENTAL		☐ FIELD ☒ DEPARTMENTAL

A. REMARKS (Use reverse if necessary)

APPROVED BY PP/CSB

[signature]

Chairman

CONCURRED

[signature]

Chief SE Division

B. REQUESTED BY (Name and title): PP CAREER SERVICE BOARD

C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension): Edwin A. Willard, PP/CSO

D. REQUEST APPROVED BY
Signature: J. Keith Reid
Title: DD/P CAREER SERVICE BOARD

13. VETERAN PREFERENCE

NONE	WWII	OTHER	5-PT.	10 POINT DISAB	10 POINT OTHER
	x		x		

14. POSITION CLASSIFICATION ACTION

NEW	VICE	L.A.	REALL.

CD-PP

CD- PP UD

15. SEX
16. RACE
17. APPROPRIATION
FROM:
TO:

18. SUBJECT TO C. S. RETIREMENT ACT (YES—NO)

19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)

20. LEGAL RESIDENCE ☐ CLAIMED ☐ PROVED
STATE:

21. STANDARD FORM 50 REMARKS

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS:
A.			
B. CEIL. OR POS. CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.			
E.			

F. APPROVED BY [signature] 14 Aug 53

STANDARD FORM 50
REV. APRIL 1953
PROMULGATED BY
U. S. CIVIL SERVICE COMMISSION
CHAPTER R1, FEDERAL PERSONNEL MANUAL

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

[redacted]

1. NAME (MR.–MISS–MRS.–ONE GIVEN NAME, INITIAL(S), AND SURNAME)	2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
Mr. E. Howard Hunt	9 Oct. 18		14 Aug. 53

This is to notify you of the following action affecting your employment:

5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)	6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
Promotion	16 Aug. 53	Sch. A-6.116(b)

FROM		TO
~~Operations Officer BD-22-14~~	8. POSITION TITLE	~~Operations Officer BD-22~~
GS-132-14 $9800.00 per annum	9. SERVICE, SERIES, GRADE, SALARY	GS-132-15 $10,800.00 per annum
DDP/SE SE Political & PW Staff Office of the Chief	10. ORGANIZATIONAL DESIGNATIONS	Same Same Same
Washington, D. C.	11. HEADQUARTERS	Same
☐ FIELD ☒ DEPARTMENTAL	12. FIELD OR DEPT'L	☐ FIELD ☒ DEPARTMENTAL

13. VETERAN'S PREFERENCE

NONE	WWII	OTHER	5-PT.	10-POINT DISAB.	10-POINT OTHER
	X		X		

14. POSITION CLASSIFICATION ACTION

NEW	VICE	L.A.	REAL.

CO-PP

[redacted]

15. SEX	16. RACE	17. APPROPRIATION	18. SUBJECT TO C.S. RETIREMENT ACT (YES–NO)	19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)	20. LEGAL RESIDENCE
M	W	FROM: 4-3200-20 TO: Same	Yes		☐ CLAIMED ☐ PROVED STATE:

21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.

ENTRANCE PERFORMANCE RATING

Acting Chief, Personnel Division

22. SIGNATURE OR OTHER AUTHENTICATION

4. PERSONNEL FOLDER COPY

14-00000

STANDARD FORM 50
REV. APRIL 1951
PROMULGATED BY
U. S. CIVIL SERVICE COMMISSION
CHAPTER R1, FEDERAL PERSONNEL MANUAL

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR.—MISS—MRS.—ONE GIVEN NAME, INITIAL(S), AND SURNAME)	2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
Mr. E. Howard Hunt	9 Oct. 18		16 Feb. 54

This is to notify you of the following action affecting your employment:

5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)	6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
Reassignment	28 Feb. 54	50 USCA 403 j

FROM		TO
Operations Officer BD 22	8. POSITION TITLE	Ops. Off (PP Staff Ch) BD-18
GS-132-15 $10,800.00 per annum	9. SERVICE, SERIES, GRADE, SALARY	GS-0136.31-15 $10,800.00 per annum
SE Political & PW Staff Office of the Chief	10. ORGANIZATIONAL DESIGNATIONS	DDP/SE Political & Psych. Warfare Staff
	11. HEADQUARTERS	Washington, D. C.
☐ FIELD ☐ DEPARTMENTAL	12. FIELD OR DEPT'L	☐ FIELD ☒ DEPARTMENTAL

13. VETERAN'S PREFERENCE: NONE	WWII	OTHER	5-PT.	10-POINT DISAB	10-POINT OTHER	14. POSITION CLASSIFICATION ACTION: NEW	VICE	L.A.	REAL.	
			X							CD-PP

15. SEX	16. RACE	17. APPROPRIATION	18. SUBJECT TO C. S. RETIREMENT ACT (YES—NO)	19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)	20. LEGAL RESIDENCE
M	W	FROM: 4-3200-20 TO: same	Yes		☐ CLAIMED ☐ PROVED STATE:

21. REMARKS. This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.

ENTRANCE PERFORMANCE RATING

Deputy Assistant Director for Personnel

22. SIGNATURE OR OTHER AUTHENTICATION

4. PERSONNEL FOLDER COPY

U. S. GOVERNMENT PRINTING OFFICE

14-00000

STANDARD FORM 52
PROMULGATED BY THE
U. S. CIVIL SERVICE COMMISSION
JANUARY 1951—FEDERAL PERSONNEL
MANUAL CHAPTER R1

REQUEST FOR PERSONNEL ACTION

SECRET

UNCLASSIFIED

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr.—Miss—Mrs.—One given name, initial(s), and surname)	2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REQUEST
Mr. E. Howard HUNT	9 Oct 1918		

5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)	6. EFFECTIVE DATE A. PROPOSED:	7. C S OR OTHER LEGAL AUTHORITY
Reassignment	28 Feb 1954	
B. POSITION (Specify whether establish, change grade or title, etc.)	B. APPROVED:	

FROM—		TO—
Operations Officer . PD-22	8. POSITION TITLE AND NUMBER	Ops Off-PP Staff CH LD-18
GS-132-15 $10,800	9. SERVICE, GRADE, AND SALARY	GS-0136.31-15 10,800
~~DDP/SE~~ SE Political & PW Staff Office of the Chief	10. ORGANIZATIONAL DESIGNATIONS	DDP/SE Political & Psychological Warfare Staff
~~Washington, D. C.~~	11. HEADQUARTERS	Washington, D. C.
[ ] FIELD [X] DEPARTMENTAL	12. FIELD OR DEPARTMENTAL	[ ] FIELD [X] DEPARTMENTAL

A. REMARKS (Use reverse if necessary)

B. REQUESTED BY (Name and title)
[illegible] H. CHAPIN SE/ADMIN

C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)
[illegible] 3965

D. REQUEST APPROVED BY
Signature: Thomas M. Fisher
Title: Personnel Officer

13. VETERAN PREFERENCE

NONE	WWII	OTHER	5-PT.	10-POINT DISAB	10-POINT OTHER
	X		X		

14. POSITION CLASSIFICATION ACTION

NEW	VICE	L.A.	REAL

CD - PP

15. SEX	16. RACE	17. APPROPRIATION	18. SUBJECT TO C S RETIREMENT ACT (YES—NO)	19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)	20. LEGAL RESIDENCE
M	W	FROM: 3200 - 20 TO: 4 - 3200 - 20			[ ] CLAIMED [ ] PROVED STATE:

21. STANDARD FORM 50 REMARKS

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS:
A.			
B. CEIL. OR POS. CONTROL	[signature]	15 Feb	
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.			
E.			

F. APPROVED BY
2-16-54 D M Gregg

16—57333-8

STANDARD FORM 50
REV. APRIL 1951
PROMULGATED BY
U. S. CIVIL SERVICE COMMISSION
CHAPTER R1, FEDERAL PERSONNEL MANUAL

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

conc. 21 May 1954 jan

1. NAME (MR.—MISS—MRS.—ONE GIVEN NAME, INITIAL(S), AND SURNAME)	2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
Mr. E. Howard Hunt	9 Oct 1918		21 May 1954

This is to notify you of the following action affecting your employment:

5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)	6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
Reassignment	E.O.D. 23 May 1954	50 USCA 403 J

FROM		TO
Ops Officer (PP Staff Ch) BD-18	8. POSITION TITLE	Ops Officer (PP) BFF 1455
GS-0136.31-15 $10,800.00 per annum	9. SERVICE, SERIES, GRADE, SALARY	GS-0136.31-15 $10,800.00 per annum
DDP/SE Political & Psych Warfare Staff	10. ORGANIZATIONAL DESIGNATIONS	DDP/FE SR/MA Political & Psych Warfare Staff
Washington, D. C.	11. HEADQUARTERS	Tokyo, Japan
[ ] FIELD [X] DEPARTMENTAL	12. FIELD OR DEPT'L	[X] FIELD [ ] DEPARTMENTAL

13. VETERAN'S PREFERENCE

NONE	WWII	OTHER	5-PT.	10-POINT DISAB.	10-POINT OTHER
			X		

14. POSITION CLASSIFICATION ACTION

NEW	VICE	L.A.	REAL.	
				CD-PP

15. SEX	16. RACE	17. APPROPRIATION	18. SUBJECT TO C. S. RETIREMENT ACT (YES—NO)	19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)	20. LEGAL RESIDENCE
M	W	FROM: 4-3200-20 TO: 4-3700-55-121	Yes		[ ] CLAIMED [ ] PROVED STATE: Va.

21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.

Subject to approved medical clearance prior to being sent overseas.

"Transfer TO Unvouchered funds FROM Vouchered funds."

ENTRANCE PERFORMANCE RATING:

Deputy Assistant Director for Personnel

(SIGNATURE OR OTHER AUTHENTICATION)

4. PERSONNEL FOLDER COPY

Key 5-25-54

14-00000

STANDARD FORM 52

REQUEST FOR PERSONNEL ACTION

SECRET

UNVOUCHERED

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr.—Miss—Mrs.—One given name, initial(s), and surname)	2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REQUEST
Mr. E. Howard Hunt	9 Oct 18		7 April 54

5. NATURE OF ACTION REQUESTED:
A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)
REASSIGNMENT
B. POSITION (Specify whether establish, change grade or title, etc.)

6. EFFECTIVE DATE
A. PROPOSED:
B. APPROVED: 24 May 54

7. C. S. OR OTHER LEGAL AUTHORITY

FROM—		TO—
Ops Officer (PP Staff Ch) BD-1S	8. POSITION TITLE AND NUMBER	Ops Officer (PP) BFF #1455
GS-0136.31-15 $10,800.00 pa	9. SERVICE, GRADE, AND SALARY	GS-0136.31-15 $10,800 p/a
DDP/SE Political & Psych Warfare Staff	10. ORGANIZATIONAL DESIGNATIONS	DDP/FE SR/NA Political & Psych Warfare Staff
Washington, D.C.	11. HEADQUARTERS	Tokyo, Japan
[ ] FIELD [XXX] DEPARTMENTAL	12. FIELD OR DEPARTMENTAL	[XXX] FIELD [ ] DEPARTMENTAL

A. REMARKS (Use reverse if necessary)

Subject to ~~x~~ be temporaryly slotted with incumbent now occupying slot #1455 until the later transfers.

SE Concur:

B. REQUESTED BY (Name and title)
H.C. Clinkscales FE/Personnel Officer

C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)
Herbert A. Hudson 2566

D. REQUEST APPROVED BY
Signature:
Title: 4/23/54

13. VETERAN PREFERENCE

NONE	WWII	OTHER	5-PT.	10-POINT DISAB.	10-POINT OTHER
			X		

14. POSITION CLASSIFICATION ACTION

NEW	VICE	L. A.	REAL.

CD:PP

15. SEX	16. RACE	17. APPROPRIATION	18. SUBJECT TO C. S. RETIREMENT ACT (YES—NO)	19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)	20. LEGAL RESIDENCE
M	W	FROM: 4-3200-20 TO: 4-3700-54-121	Yes		[ ] CLAIMED [ ] PROVED STATE:

21. STANDARD FORM 50 REMARKS

Effective date of arr FE 24 May

Conc. (Osborne) 21 May 54.
24 May

Approved APR 20 1954
PP/Career Service

CPB notified 24 May.

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS:
A.			
B. CEIL. OR POS. CONTROL			
C. CLASSIFICATION		30 Apr 54	
D. PLACEMENT OR EMPL.		5/13/54	
E.			

F. APPROVED BY

SECRET

14-00000

... and organizational designations

★ U. S. GOVERNMENT PRINTING OFFICE: 1952 - 997376

5. Employee's name (and social security account number when appropriate)	2. Pay roll no.	3. Block No.	4. Slip No.
[illegible], E. Howard		07	
	6. Grade and salary: GS-15 $10,500		

PAY ROLL CHANGE DATA

	BASE PAY	OVERTIME		GROSS PAY	RET.	TAX	BOND	F. I. C. A.			NET PAY
7. Previous normal											
8. New normal											
9. Pay this period											

10. Remarks:

PURSUANT TO DCI DIRECTIVE
[illegible] 1955

11,880

11. Appropriation(s): FY-14 [illegible]

12. Prepared by: gml 1/24/55

13. Audited by

☐ Periodic step-increase ☐ Pay adjustment ☐ Other step increase

14. Effective date	15. Date last equivalent increase	16. Old salary rate	17. New salary rate	18. Performance rating is satisfactory or better.
2/13/55	3/15/53	$10,800	$11,050	(Signature or other authentication)

19. LWOP data (Fill in appropriate spaces covering LWOP during following periods): Period(s):

☐ No excess LWOP. Total excess LWOP ______

(Check applicable box in case of excess LWOP)
☐ Pay status at end of waiting period.
☐ LWOP status at end of waiting period.

Initials of Clerk

STANDARD FORM NO. 1126a—Revised
Form prescribed by Comp. Gen., U. S.
Nov. 8, 1950, General Regulations No. 102

PAY ROLL CHANGE SLIP—PERSONNEL COPY

14-00000

SECRET

REQUEST FOR PERSONNEL ACTION

UNRECORDED

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr.-Miss-Mrs. One given name, initial(s), and surname): Mr. E. Howard Hunt
2. DATE OF BIRTH:
3. REQUEST NO.:
4. DATE OF REQUEST: 3 May 1956

5. NATURE OF ACTION REQUESTED
A. PERSONNEL (Specify whether appointment, promotion, separation, etc.): Reassignment
B. POSITION (Specify whether establish, change grade or title, etc.):

6. EFFECTIVE DATE
A. PROPOSED:
B. APPROVED: MAY 1956

7. C S OR OTHER LEGAL AUTHORITY

	FROM—		TO—
8. POSITION TITLE AND NUMBER			Ops Officer - PP BFF-1455
9. SERVICE, GRADE, AND SALARY			GS-0136.31-15 $11,880.00 p/a
10. ORGANIZATIONAL DESIGNATIONS	DDP/FE SR/NA Political & Psychological Warfare Staff		DDP/FE North Asia Station PP Staff
11. HEADQUARTERS			Tokyo, Japan
12. FIELD OR DEPARTMENTAL	☐ FIELD ☐ DEPARTMENTAL		☒ FIELD ☐ DEPARTMENTAL SD:DP

A. REMARKS (Use reverse if necessary)

T/O Change

B. REQUESTED BY (Name and title): H. P. GILBERT, CFE/PT

C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension): HAZEL H. ADDED, x2205

D. REQUEST APPROVED BY
Signature:
Title:

POSTED 23 MAY

13. VETERAN PREFERENCE

NONE	WWII	OTHER 5 PT	10 POINT DISAB	10 POINT OTHER

14. POSITION CLASSIFICATION ACTION

NEW	VICE	I A	REAL

SD:DP

15. SEX
16. APPROPRIATION FROM TO
17. SUBJECT TO C S RETIREMENT ACT (YES—NO)
18. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)
19. LEGAL RESIDENCE ☐ CLAIMED ☐ PROVED STATE:

20. STANDARD FORM 50 REMARKS

CONCUR MAY 15 1956 PP Career Service

21. CLEARANCES	INITIAL OR SIGNATURE	DATE
A.		
B. CEIL. OR POS. CONTROL	WHK	
C. CLASSIFICATION		
D. PLACEMENT OR EMPL.		
E.		
F. APPROVED BY		

REMARKS: USED IN LIEU OF 1150 PERSONNEL NOTIFICATION

per [illegible] 16 May '56 for [illegible]

SECRET

14-00000

SECRET
Security Information

[illegible], JR. [illegible] HOWARD

Name: Last, First Middle

TO: All C. I. A. Personnel

FROM: Personnel Director

SUBJECT: PERSONNEL QUALIFICATION QUESTIONNAIRE

1. The Agency is currently revising the system for machine coding employee qualifications, thereby permitting more complete and accurate data on all personnel. The new system will aid in implementing Agency policies on promotion from within by facilitating the selection of personnel with desired education and experience for vacancies which may occur. It is also expected that the new system will provide readily accessible statistics for planning and management purposes.

2. The attached questionnaire is designed to cover adequately those factors in which the Agency is interested. Although the information is, in a large measure, already reflected in previous forms submitted by you, it is felt that your time within the organization may enable you to emphasize those qualifications pertinent to its needs. The questionnaire also serves to bring your education and qualifications record up to date.

3. Your cooperation is requested in completing the questionnaire as thoroughly and accurately as possible and returning it to your Administrative Officer within the time allotted.

CODED FOR QUALIFICATIONS
DATE 4 JUN 1956

George E. Meloon
George E. Meloon
Personnel Director

SECRET
Security Information

FORM NO. 37-152
MAY 1952

(4-10)

SECRET
Security Information

PERSONNEL QUALIFICATION QUESTIONNAIRE

1. Serial No. (no entry)	2. NAME: (last)	(first)	(middle)	3. Office
512942	[illegible],Jr.	E.	[illegible]	[illegible]

4. Date of Birth	5. Sex	Martial Status / Nr. Dependents	6. CIA Entry Date:
Oct. [illegible],19[illegible]	x male (1) ___ female (2)	Martial Status [illegible] Nr. Dependents 3	[illegible]

7. Citizenship: x U.S. ___ Other

8. Acquired By: (1) x Birth (2)___ Marriage (3)___ Naturalization (4)___ Other(specify)

Year U.S. citizenship acquired, if not by birth ____________

SEC. I. EDUCATION

1. Extent: (circle one)
   1. Less than high school
   2. High school graduate
   3. Trade, Business or Commercial school graduate
   4. Two years college, or less
   5. Over two years, no degree
   (6) Bachelor degree
   7. Post-graduate study (minimum 8 sem. hrs.)
   8. Masters degree
   9. Doctors degree

2. College or University Study:

Name and location of College or University	Major	Minor	Dates att'd From	To	Yrs Compl Day	Night	Degree Recd Title	Date	Sem Hrs
Brown University [illegible], [illegible]	[illegible] Lit.		1935	[illegible]	--	--	AB	[illegible] 1940	--

3. Trade, Commercial, and Specialized Training:

School	Attendance Dates From	To	Tot. mo's	Study or Specialization
US Naval Academy	[illegible] 1941	[illegible] 1941	4	V-7 [illegible] Midshipman's Course leading to Commission as Ens

4. Military or Intelligence Training (full time duty as a student in specialized schools such as intelligence, communications, ordnance disposal, command & staff, etc.)

School	Attendance Dates From	To	Tot. mo's	Study or Specialization
[illegible], Air Combat Intel. School.	[illegible] 1944	[illegible] 1944	4	Air Combat Intelligence. Became lecturer prior to completion of course, but received diploma with [illegible] class.

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SEC. II. WORK EXPERIENCE

1. CIA Experience: State the specific nature of duties performed with CIA and CIG, starting with your present position. Take position titles from your official personnel papers, if you have personal copies. Please do not request your Official Personnel Folder. Include geographic area and subject matter dealt with, if applicable. Position Title is your classification title such as Geographer, Intelligence Officer, etc. Duty Title indicates your organization position such as - Section Chief, Branch Chief, Administrative Assistant, etc., and is to be filled in only if different to the Position Title. Approximate dates (month and year) are sufficient. Use a continuation sheet, if necessary, to adequately describe your duties.

From 1/51 To 1/53 Tot. mos. 1[illegible] Grade [illegible] Salary [illegible],600 Office [illegible], [illegible]xico Position Title: Deputy Chief of Mission Duty Title: Deputy Chief of Mission	Description of Duties: [illegible] [illegible]exico. Supervision [illegible] all [illegible] in Mexico; [illegible] [illegible] continuing [illegible] Duty Station, if overseas: [illegible]
From 1/50 To 1/51 Tot. mos. [illegible] Grade [illegible] 15 Salary 9,600 Office Station, Mexico Position Title: Chief of Station Duty Title: Chief of Station	Description of Duties: [illegible] [illegible] activities in [illegible] [illegible] [illegible] [illegible] [illegible] Duty Station, if overseas: [illegible]
From 1/49 To 1/50 Tot. mos. 12 Grade GS 13 Salary 7,[illegible]0 Office [illegible] Division Position Title: Plans Officer Duty Title:	Description of Duties: [illegible] [illegible] and [illegible] activities [illegible] [illegible] of [illegible] [illegible] Duty Station, if overseas:
From To Tot. mos. Grade Salary Office Position Title: Duty Title:	Description of Duties: Duty Station, if overseas:

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SEC. II. WORK EXPERIENCE (CONT'D.)

2. Other than CIA: (Describe work experience for the last 15 years in sufficient detail to permit specific coding of your qualifications. Include military work experience. List last position first.)

From 1948 To 1949 Tot. mo's 9 Classification Grade (if in Federal Service) FSS 5 Salary 6,900 Number and Class of Employees Supervised: 3 Prof. 6 Steno. Employer ECA Kind of Business or organization (i.e., paper products mfr, public utility)	Exact Title of your position Information Officer, ECA Description of Duties: Production of propaganda and films and radio programs in France and Austria Duty Station if overseas: Paris, France
From 1946 To 1949 Tot. mo's 27 Classification Grade (if in Federal Service) Salary $28,000 (av.) Number and Class of Employees Supervised: Employer Kind of Business or organization (i.e., paper products mfr, public utility)	Exact Title of your position Professional Writer, self-employed Description of Duties: Duty Station if overseas:
From 1943 To 1943 Tot. mo's 9 Classification Grade (if in Federal Service) Salary $7,800 Number and Class of Employees Supervised: Employer T[illegible], Inc. Kind of Business or organization (i.e., paper products mfr, public utility) Publishers	Exact Title of your position War Correspondent Description of Duties: accompany naval and air units in combat in SO Pacific Area. Write accounts and special stories of ensuing action Duty Station if overseas: South Pacific Area
From 1942 To 1942 Tot. mo's 5 Classification Grade (if in Federal Service) Salary $7,800 Number and Class of Employees Supervised: 2 Prof., 3 Steno. Employer TIME, Inc. Kind of Business or organization (i.e., paper products mfr, public utility) Publishers	Exact Title of your position Screen Writer Description of Duties: Prepare and write commentary for monthly newsreel THE MARCH OF [illegible]. Also prepare and write contract Naval Training Films. Duty Station if overseas:
From June '41 To '42 Tot. mo's 16 Classification Grade (if in Federal Service) Ens. Salary Number and Class of Employees Supervised: 168 seamen Employer USN Kind of Business or organization (i.e., paper products mfr, public utility)	Exact Title of your position Anti-Aircraft Gunnery Officer (destroyers) Description of Duties: Provide for air protection of USS MAYO, and merchant ships under escort Duty Station if overseas: North Atlantic

SEC. II. WORK EXPERIENCE (CONT'D)

3. Special Work Experience: Check any of the following organizations by which you may have been employed.

01 ___ U.S. Secret Service
02 ___ Civil Police
03 ___ Military Police
04 ___ U.S. Border Patrol
05 ___ U.S. Narcotics Squad
06 ___ FBI
07 ___ Criminal Investigation Div.
21 ___ Office of Naval Intelligence
22 ___ Office of War Information
23 ___ Army G-2
20 _X_ Office of Strategic Services
24 ___ Air Force A-2
25 _X_ Foreign Economic Admin.
26 ___ Counter Intelligence Corps
27 ___ Immigration & Naturalization
28 ___ Strategic Services Unit
29 ___ Foreign Service, State Dept.
30 ___ Central Intelligence Group
31 ___ Armed Forces Security Agency
32 ___ Coordinator of Information
33 ___ Office of Facts & Figures
34 ___ Board of Economic Warfare
35 ___ Federal Communications Comm.

SEC. III. FOREIGN LANGUAGES

List below the foreign languages in which you have some competence. Be sure to include uncommon modern languages. Check (X) your competence and how acquired.

LANGUAGE	COMPETENCE						HOW ACQUIRED			
	Equivalent to Native Fluency *	Fluent but obviously Foreign *	Adequate for Research **	Adequate for Travel	Limited Knowledge		Native of Country	Prolonged Residence	Contact (Parents, etc.)	Academic Study (Inc. CIA training)
~~Spanish~~		X						X		X
~~French~~				X				X		
~~German~~					X			X		

* If you have checked 'Fluent' for a language that has significant difference in spoken and written form (e.g., Arabic), explain your competence herein __________

**Specialized Language Competence: Describe ability to do specialized language work involving vocabularies and terminology in the scientific, engineering, telecommunications, and military fields. List the language with the type of speciality. ________

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SEC. IV. AREA KNOWLEDGE

1. List below any foreign countries or regions of which you have knowledge gained as a result of residence, travel or study. Study can mean either academic study, or study of a foreign country resulting from an intelligence, military, commercial or professional work assignment.

Country or Region	Dates of Residence, Study Etc.	Manner in Which Knowledge Was Aquired (check (X) one)		
		Residence	Travel	Study
Latin America	19[illegible], 1950-53	x		
[illegible], [illegible]ia	19[illegible]-50			x
		x		x
[illegible] and Scandinavia	1950			
China	19[illegible]		x	
		x		x

2. Specialized Knowledge of Area
List specalized knowledge of foreign country such as knowledge of terrain, coasts and harbors, utilities, railroads, industries, political parties, etc., gained as a result of study or work assignment. Include name of employer or organization.

Country	Type of Knowledge	How and When Gained
France	Political	[illegible], 19[illegible]-50
Poland	Political	" " " " "
Italy	Political	" " " " "
Mexico	Political	Chief of Station, 1950-51

SEC. V. TYPING AND STENOGRAPHIC SKILLS (PRESENT UTILIZATION)

Skill	Per Cent of Time Used	Not Used	WPM (Approximate Proficiency)	Prefer Assignment Using Skill Oftener
Typing	1. [illegible]	2. [illegible]	50	1. Yes 2. x No
Shorthand	1.	2.		1. Yes 2. No
Shorthand System: 1. Manual 2. Machine 3. Speedwriting.				

SEC. VI. LICENSES, HOBBIES, SPECIAL QUALIFICATIONS

1. Licenses: List any licenses or certification such as teachers, pilot, marine, etc. ______

2. Hobbies: List any hobbies such as sailing, skiing, writing, or other special qualifications.
sailing, skiing, [illegible]
[illegible], [illegible] xx [illegible]

SEC. VII. PROFESSIONAL AND ACADEMIC HONORS

List any professional or academic associations or honorary societies in which you hold membership. ______

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SEC. VIII. PUBLICATIONS

List below the type of writing (non-fiction: professional or scientific articles, general interest subjects, current events, etc; fiction: novels, short stories, etc.) of any published materials of which you were author or co-author.

Under the name of [illegible] and [illegible] I am a professional writer of fiction. By the end of 195[illegible] I will have published 13 books. Short stories have [illegible] in [illegible] and the New Yorker. At one time I was a [illegible] correspondent [illegible], and my contributions appeared anonymously in [illegible] and [illegible].

SEC. IX. INVENTIONS

Describe any devices you have invented as to type of work for which intended and whether patented.

Device	Patented	
	(1) Yes	(2) No
	(1) Yes	(2) No
	(1) Yes	(2) No

SEC. X. CIA TESTS

Describe below the type of tests which you have taken in CIA:

Type of Test	Date Taken

SEC. XI. PHYSICAL HANDICAPS

List any physical handicaps you may have.

SEC. XII. OVERSEAS ASSIGNMENT

Are you willing to accept periodic tour of duty overseas?

(1) 2 year Tour ___ (2) 4 year Tour X (3) Not interested ___

SEC. XIII. WORK ASSIGNMENT

In view of your total experience and education, for what assignment in CIA do you think you are best qualified?

[illegible] Officer [illegible].

[illegible] - staff work, or [illegible]

FORM NO. 37-152
MAY 1952

(4-10)

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SEC. XIV. MILITARY STATUS

1. Present Draft Status
   Have you registered under the Selective Service Act of 1948? ___ Yes x No.
   If yes, indicate your present draft classification ______

2. Present Reserve or National Guard Status
   Do you now have Reserve or National Guard Status ___ Yes x No.
   If yes, complete the following.
   1. ___ National Guard
   2. ___ Air National Guard
   3. ___ Active Reserve Status (member of organized unit)
   4. ___ Inactive Reserve Status

   Service ______ Grade ______ Location ______

   Reserve Unit with which currently affiliated ______

   Service Mobilization Assignment, if any ______

   Location of Service Records, if known ______

SEC. XV. CIA TRAINING

List the training courses or subjects you have taken while in the CIA.

Course or Subject	(from) Dates (to)	Hours
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	Jan. '53	[illegible]
[illegible]	[illegible] '53	[illegible]

SEC. XVI. REMARKS

Use this space to indicate any other qualifications you may have which you do not describe above.

[illegible]

DATE [illegible]ril,1953

SIGNATURE E. Howard Hunt, Jr.

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U. S. GOVERNMENT PRINTING OFFICE 1954-320090

1. Agency and organizational designation	2. Payroll period	3. Block No.	4. Slip No.
		UV	

5. Employee's name (and social security account number when appropriate)	6. Grade and salary
HUNT, E. HOWARD	GS-15 $11,880.

PAYROLL CHANGE DATA

	BASE PAY	OVERTIME		GROSS PAY	RET.	FEDERAL TAX	BOND	F. I. C. A.	STATE TAX	GROUP LIFE INS.				NET PAY
7. Previous normal														
8. New normal														
9. Pay this period														

10. Remarks	11. Appropriation(s)	12. Prepared by
	FB-2	wlr 11Jun56
		13. Audited by

[X] Periodic step-increase [ ] Pay adjustment [ ] Other step-increase

14. Effective date	15. Date last equivalent increase	16. Old salary rate	17. New salary rate	
12Aug56	13Feb55	$11,880.	$12,150.	XXXXXXXXXXXXXXXXXXXXXXX SERVICE & CONDUCT ARE SATISFACTORY (Signature or other authentication)

19. LWOP data (Fill in appropriate spaces covering LWOP during following periods):
Period(s):

(Check applicable box in case of excess LWOP)
[ ] In pay status at end of waiting period.
[ ] In LWOP status at end of waiting period.

[ ] No excess LWOP. Total excess LWOP ______ Initials of Clerk

STANDARD FORM NO. 1126d—Revised
Form prescribed by Comp. Gen., U. S.
October 26, 1954, General Regulations No. 102

PAYROLL CHANGE SLIP — PERSONNEL COPY

JAR

14-00000

SECRET

STANDARD FORM 52
PROMULGATED BY THE U.S. CIVIL SERVICE COMMISSION
JANUARY 1951 — FEDERAL PERSONNEL MANUAL CHAPTER

REQUEST FOR PERSONNEL ACTION

UNVOUCHERED

REQUESTING OFFICE: Fill in items 1 through 12 and A through D *except 6B and 7* unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr — Miss — Mrs — One given name, initial(s), and surname)	2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REQUEST
E. HOWARD Mr. Howard E. HUNT	9 Oct 1916		16 Oct 56

5. NATURE OF ACTION REQUESTED:
A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)
Reassignment
B. POSITION (Specify whether establish, change grade or title, etc.)

6. EFFECTIVE DATE
A. PROPOSED:
B. APPROVED: 13 Jan 57

7. C S OR OTHER LEGAL AUTHORITY

	FROM		TO
8. POSITION TITLE AND NUMBER	Ops Officer (PP) BFF-1155		Area Ops Off (CCS) BAF-162
9. SERVICE, GRADE, AND SALARY	GS-0136.31-15 $12,150.00 p.a.		GS-0136.01-15 $12,150.00 p.a.
10. ORGANIZATIONAL DESIGNATIONS	DDP/FE North Asia Station PP Staff		DDP/WH Branch II Montevideo, Uruguay Station
11. HEADQUARTERS	Tokyo, Japan		Montevideo, Uruguay
12. FIELD OR DEPARTMENTAL	[x] FIELD [ ] DEPARTMENTAL		[x] FIELD [ ] DEPARTMENTAL (D)

A. REMARKS (Use reverse if necessary)

2 copies to Security

DD/FE [signature]
Concur FE/PT

B. REQUESTED BY (Name and title) [signature] Chief/CWH

C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)
J. KORLA[illegible]OVICH X8242

D. REQUEST APPROVED BY
Signature: [signature]
Title: C/CS/DSP

13. VETERAN PREFERENCE

NONE	WWI	OTHER	5-PT.	10 POINT DISAB	10 POINT OTHER
			x		

14. POSITION CLASSIFICATION ACTION

NEW	VICE	I. A.	REAL.

SD-DP

15. SEX	16. RACE	17. APPROPRIATION	18. SUBJECT TO C. S. RETIREMENT ACT (YES—NO)	19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)	20. LEGAL RESIDENCE
M	W	3555-005 FROM: 7-3790-55-121 TO: 7-3587-55-065	Yes		[ ] CLAIMED [ ] PROVED STATE:

21. STANDARD FORM 50 REMARKS

Orig. to [illegible]
1/21/57
[illegible] 1/25/56

Concurred in by: OCT 1956
[signature]
PP/Career Service

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS:
A.			
B. CEIL. OR POS CONTROL	[initials]		
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.	OCP 10/22/56		
E.			

[illegible] 25 [illegible] 1/23 WH [illegible]

F. APPROVED BY [signature] 1/18/57

SECRET

14-00000

11/5/49 SECRET (When Filled In) QCB WINE 6-

PERIODIC SUPPLEMENT
PERSONAL HISTORY STATEMENT

513542

THIS DATE: January 6, 1957

INSTRUCTIONS

This form provides the means whereby your official personnel records will be kept current. Even though it duplicates information you have furnished previously, it will be necessary for you to complete Sections I through VI in their entirety. You need complete Sections VII through XIII only if there has been a change since you entered on duty with the organization or if you believe the item requires more complete coverage than you have previously reported.

SECTION I — GENERAL

1. FULL NAME (Last-First-Middle): HUNT, Jr. E. Howard

2. CURRENT ADDRESS (No., Street, City, Zone, State):

3. PERMANENT ADDRESS (No., Street, City, Zone, State): 30 Willett Street, Albany 10, New York

4. HOME TELEPHONE NUMBER: 3-6218

5. STATE, TERRITORY, POSSESSION OR COUNTRY IN WHICH YOU NOW CLAIM RESIDENCE: New York

SECTION II — PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

1. NAME (Last-First-Middle) PREFERABLY RESIDING IN U.S.: Hunt, Mrs Everette H.

2. RELATIONSHIP: Mother

3. HOME ADDRESS (No., Street, City, Zone, State, Country): 30 Willett Street Albany 10, New York

4. BUSINESS ADDRESS (No., Street, City, Zone, State, Country). INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE:

5. HOME TELEPHONE NUMBER: 3-6218

6. BUSINESS TELEPHONE NUMBER:

7. BUSINESS TELEPHONE EXTENSION:

8. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Spouse, Mother, Father) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE.

Notification of Father not desired, due to cardiac condition.

SECTION III — MARITAL STATUS

1. CHECK (X) ONE: [ ] SINGLE [X] MARRIED [ ] WIDOWED [ ] SEPARATED [ ] DIVORCED [ ] ANNULLED

2. FURNISH DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS

WIFE OR HUSBAND: If you have been married more than once, including annulments, use a separate sheet for former wife or husband giving data below for all previous marriages. If marriage is contemplated, provide same data for fiance.

3. NAME: (First) Dorothy (Middle) Louise (Maiden) Wetzel (Last) HUNT

4. DATE OF MARRIAGE: Sept 7, 1949

5. PLACE OF MARRIAGE (City, State, Country): Millbrook, New York

6. HIS (or her) ADDRESS BEFORE MARRIAGE (No., Street, City, State, Country): American Embassy, Paris

7. LIVING: [X] YES [ ] NO

8. DATE OF DEATH:

9. CAUSE OF DEATH:

10. CURRENT ADDRESS (Give last address, if deceased): 30 Willett Street, Albany 10, New York

11. DATE OF BIRTH: 1 April 1920

12. PLACE OF BIRTH (City, State, Country): Dayton, Ohio

13. IF BORN OUTSIDE U.S.-DATE OF ENTRY:

14. PLACE OF ENTRY:

15. CITIZENSHIP (Country): USA

16. DATE ACQUIRED:

17. WHERE ACQUIRED (City, State, Country):

18. OCCUPATION: housewife

19. PRESENT EMPLOYER (Also give former employer, or if spouse is deceased or unemployed, last two employers):

20. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country):

SECTION III CONTINUED TO PAGE 2

SECRET
(When Filled In)

SECTION III CONTINUED FROM PAGE 1

21. DATES OF MILITARY SERVICE (From- and To-) BY MONTH AND YEAR USNR July 1940- Oct. 1942 USAAF Nov 1945- Feb. 1946	
22. BRANCH OF SERVICE USNR USAAF	23. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED USA
24. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN ECA, Paris April 1948 - Feb. 1949	

SECTION IV RELATIVES BY BLOOD, MARRIAGE OR ADOPTION LIVING ABROAD OR WHO ARE NOT U.S. CITIZENS

1	1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
	5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
2	1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
	5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
3	1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
	5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
4	1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
	5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT

5. SPECIAL REMARKS, IF ANY, CONCERNING THESE RELATIVES

SECTION V FINANCIAL STATUS

1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? [ ] YES [X] NO

2. IF YOUR ANSWER IS "NO" TO THE ABOVE, STATE SOURCES OF OTHER INCOME
Book royalties

3. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS

NAME OF INSTITUTION	ADDRESS (City, State, Country)
Riggs Nat'l Bank, F&M Branch	Washington 7, DC

SECTION V CONTINUED TO PAGE 3

SECRET
(When Filled In)

SECTION V CONTINUED FROM PAGE 2

4. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? [ ] YES [X] NO

5. IF YOUR ANSWER IS "YES" TO THE ABOVE QUESTION, GIVE PARTICULARS, INCLUDING COURT AND DATE(S)

6. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, PENSION, OR COMPENSATION FOR MILITARY OR NAVAL SERVICE? [ ] YES [X] NO

7. IF YOUR ANSWER IS "YES" TO THE ABOVE QUESTION, GIVE COMPLETE DETAILS

8. DO YOU HAVE ANY FINANCIAL INTEREST IN, OR OFFICIAL CONNECTION WITH, NON-U.S. CORPORATIONS OR BUSINESSES OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS? [ ] YES [X] NO IF YOU HAVE ANSWERED "YES", GIVE COMPLETE DETAILS ON A SEPARATE SHEET AND ATTACH IN A SEALED ENVELOPE.

SECTION VI — CITIZENSHIP

1. PRESENT CITIZENSHIP (Country): USA

2. CITIZENSHIP ACQUIRED BY - CHECK (X) ONE: [X] BIRTH [ ] MARRIAGE [ ] OTHER (Specify):

3. HAVE YOU TAKEN STEPS TO CHANGE YOUR PRESENT CITIZENSHIP? [ ] YES [X] NO

4. GIVE PARTICULARS

5. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, INDICATE PRESENT STATUS OF YOUR APPLICATION (First papers, etc.)

SECTION VII — EDUCATION

1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED

[ ]	LESS THAN HIGH SCHOOL GRADUATE	[ ]	OVER TWO YEARS OF COLLEGE - NO DEGREE
[ ]	HIGH SCHOOL GRADUATE	[ ]	BACHELOR'S DEGREE
[ ]	TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE	[ ]	GRADUATE STUDY LEADING TO HIGHER DEGREE
[ ]	TWO YEARS COLLEGE OR LESS	[ ]	MASTER'S DEGREE [ ] DOCTOR'S DEGREE

2. COLLEGE OR UNIVERSITY STUDY

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		DATES ATTENDED		DEGREE REC'D	DATE REC'D	SEM/QTR. HOURS SPECIFY
	MAJOR	MINOR	FROM	TO			

3. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL MONTHS
		FROM	TO	

4. MILITARY TRAINING (Full time duty in specialized schools such as Ordnance, Intelligence, Communications, etc.)

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL MONTHS
		FROM	TO	

5. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE

SECRET

SECTION VIII — FOREIGN LANGUAGE ABILITIES

LANGUAGE *(List below each language in which you possess any degree of competence. Indicate your proficiency to read, write or speak by placing a check (X) in the appropriate boxes)*	COMPETENCE - IN ORDER LISTED (R - READ W - WRITE S - SPEAK): EQUIVALENT TO NATIVE FLUENCY R	W	S	FLUENT BUT OBVIOUSLY FOREIGN R	W	S	ADEQUATE FOR RESEARCH R	W	S	ADEQUATE FOR TRAVEL R	W	S	LIMITED KNOWLEDGE R	W	S	HOW ACQUIRED: NATIVE TO COUNTRY	PROLONGED RESIDENCE	CONTACT (WITH PARENTS ETC.)	ACADEMIC STUDY (ALL LEVELS)
Spanish						X	X	X									X		X
French							X					X					X		
German													X				X		

2. IF YOU HAVE CHECKED "ACADEMIC STUDY" UNDER "HOW ACQUIRED", INDICATE LENGTH AND INTENSIVENESS OF STUDY

3 years of College Spanish

3. DESCRIBE YOUR ABILITY TO DO SPECIALIZED LANGUAGE WORK INVOLVING VOCABULARIES AND TERMINOLOGY ON THE SCIENTIFIC, ENGINEERING, TELECOMMUNICATIONS, MILITARY OR ANY OTHER SPECIALIZED FIELD

SECTION IX — GEOGRAPHIC AREA KNOWLEDGE

1. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE KNOWLEDGE GAINED AS A RESULT OF RESIDENCE, TRAVEL, STUDY OR WORK ASSIGNMENT. UNDER COLUMN "TYPE OF SPECIALIZED KNOWLEDGE", INDICATE TYPE OF KNOWLEDGE SUCH AS TERRAIN, COASTS, HARBORS, UTILITIES, RAILROADS, INDUSTRIES, POLITICAL PARTIES, ETC.

NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE, TRAVEL, ETC.	KNOWLEDGE ACQUIRED BY: RESIDENCE	TRAVEL	STUDY	WORK ASSIGNMENT

2. INDICATE THE PURPOSE OF VISIT, RESIDENCE OR TRAVEL FOR EACH OF THE REGIONS OR COUNTRIES LISTED ABOVE

SECTION X — TYPING AND STENOGRAPHIC SKILLS

1. TYPING (W.P.M.)	2. SHORTHAND (W.P.M.)	3. SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM: GREGG	SPEEDWRITING	STENOTYPE	OTHER *(Specify)*:

4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING *(Comptometer, Mimeograph, Card Punch, etc.)*

SECTION XI — SPECIAL QUALIFICATIONS

1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH

2. INDICATE ANY SPECIAL QUALIFICATIONS, RESULTING FROM EXPERIENCE OR TRAINING, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION OR TYPE OF WORK

3. EXCLUDING EQUIPMENT NOTED IN SECTION X, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT OR MACHINES SUCH AS OPERATION OF SHORTWAVE RADIO, MULTILITH, TURRET LATHE, SCIENTIFIC AND PROFESSIONAL DEVICES, ETC.

4. IF YOU ARE A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION *(Pilot, Electrician, Radio Operator, Teacher, Lawyer, CPA, Medical Technician, etc.)*, INDICATE THE KIND OF LICENSE OR CERTIFICATE, NAME OF ISSUING STATE, AND REGISTRY NUMBER, IF KNOWN.

5. FIRST LICENSE OR CERTIFICATE *(Year of issue)*	6. LATEST LICENSE OR CERTIFICATE *(Year of issue)*

SECTION XI CONTINUED FROM PAGE 4

7. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR (*Do not submit copies unless requested*). INDICATE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (*Non-fiction, scientific articles, general interest subjects, novels, short stories, etc.*)

8. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED

9. LIST ANY PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE X

10. LIST ANY PROFESSIONAL, ACADEMIC OR HONORARY ASSOCIATIONS OR SOCIETIES IN WHICH YOU ARE NOW OR WERE FORMERLY A MEMBER. LIST ACADEMIC HONORS YOU HAVE RECEIVED.

X

SECTION XII ORGANIZATION WORK EXPERIENCE - SINCE LAST COMPLETION OF A PERSONNEL QUALIFICATIONS QUESTIONNAIRE

1

1. INCLUSIVE DATES (*From- and To-*) | 2. GRADE | 3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT

X

4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION X | 5. OFFICIAL POSITION TITLE

6. DESCRIPTION OF DUTIES

2

1. INCLUSIVE DATES (*From- and To-*) | 2. GRADE | 3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT

4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION | 5. OFFICIAL POSITION TITLE

6. DESCRIPTION OF DUTIES

3

1. INCLUSIVE DATES (*From- and To-*) | 2. GRADE | 3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT

4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION | 5. OFFICIAL POSITION TITLE

6. DESCRIPTION OF DUTIES

4

1. INCLUSIVE DATES (*From- and To-*) | 2. GRADE | 3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT

4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION | 5. OFFICIAL POSITION TITLE

6. DESCRIPTION OF DUTIES

5

1. INCLUSIVE DATES (*From- and To-*) | 2. GRADE | 3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT

4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION | 5. OFFICIAL POSITION TITLE

6. DESCRIPTION OF DUTIES

(*Use additional pages if required*)

SECRET
(When Filled In)

OFFICE OF PERSONNEL
JAN 8 11 59 AM '57
MAIL ROOM

SECTION XIII — **CHILDREN AND OTHER DEPENDENTS**

1. NUMBER OF CHILDREN (*Including stepchildren and adopted children*) WHO ARE UNMARRIED, UNDER 21 YEARS OF AGE, AND ARE NOT SELF-SUPPORTING.	3	2. NUMBER OF OTHER DEPENDENTS (*Including spouse, parents, stepparents, sister, etc.*) WHO DEPEND ON YOU FOR AT LEAST 50% OF THEIR SUPPORT, OR, CHILDREN OVER 21 YEARS OF AGE WHO ARE NOT SELF-SUPPORTING	1

3. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS

NAME	RELATIONSHIP	YEAR OF BIRTH	SEX M	SEX F	CITIZENSHIP	ADDRESS
Dorothy L. Hunt	wife	1920		X	USA	
Lisa T. Hunt	daughter	1951		X	"	
Kevan T. Hunt	"	1952		X	"	
Howard St.John Hunt	son	1954	X		"	

ADDITIONAL COMMENT AND/OR CONTINUATION OF PRECEDING ITEMS

DATE COMPLETED: 6 Jan. 1957

SIGNATURE OF EMPLOYEE: E. Howard Hunt, Jr.

SECRET

14-00000

SECRET

STANDARD FORM 52
PROMULGATED BY THE U.S. CIVIL SERVICE COMMISSION
FEDERAL PERSONNEL MANUAL CHAPTER

REQUEST FOR PERSONNEL ACTION

UNVOUCHERED

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr.-Miss-Mrs. One given name, initial(s), and surname): Mr. HUNT, E. Howard 51 38 42
2. DATE OF BIRTH: 9 October 1918
3. REQUEST NO.:
4. DATE OF REQUEST: 24 Jan 1957

5. NATURE OF ACTION REQUESTED:
A. PERSONNEL (Specify whether appointment, promotion, separation, etc.): INTEGRATION - Department of State
B. POSITION (Specify whether establish, change grade or title, etc.):

6. EFFECTIVE DATE
A. PROPOSED:
B. APPROVED: 25 January 1957

7. C S OR OTHER LEGAL AUTHORITY:

	FROM—		TO—
8. POSITION TITLE AND NUMBER	Area Ops. Officer (COS) BAF 162		Attache, Pol. Off. 1st Sec. & Consul (When confirmed)
9. SERVICE, GRADE, AND SALARY	GS-0136.01-15 $12,150		FSR-3 $12,100
10. ORGANIZATIONAL DESIGNATIONS	DDP/WH Branch 2 Montevideo, Uruguay Station		DDP/WH Branch 2 Montevideo, Uruguay Station
11. HEADQUARTERS	Montevideo, Uruguay		Montevideo, Uruguay
12. FIELD OR DEPARTMENTAL	[X] FIELD [ ] DEPARTMENTAL		[XX] FIELD [ ] DEPARTMENTAL

A. REMARKS (Use reverse if necessary)

Subject is to be paid the difference between CIA salary of $12,150 and FSR salary of $12,100, to be paid by the Department of State and allowances in accordance therewith

Sick and annual leave are to be held in escrow until subject reverts to GS status

B. REQUESTED BY (Name and title): FI/OPS/CCB/OCL
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension): B. Eggleston x8104
D. REQUEST APPROVED BY
Signature: B. Eggleston
Title: Cover Officer

13. VETERAN PREFERENCE: NONE | 5-PT. | OTHER | 10 POINT: DISAB. | OTHER

14. POSITION CLASSIFICATION ACTION: NEW | VICE | I.A. | REAL — SD-DI

15. SEX: M
16. APPROPRIATION
FROM: 7-3587-56-015 per. [illegible]
TO:
17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)
18. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)
19. LEGAL RESIDENCE [ ] CLAIMED [ ] PROVED
STATE:

20. STANDARD FORM 50 REMARKS

1/05 57

21. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.			
B. CEIL. OR POS. CONTROL	[illegible]	[illegible]	
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.			
E.			

F. APPROVED BY

SECRET

16-67330-4

14-00000

STANDARD FORM 50 (7 PART)
REV APRIL 1951
PROMULGATED BY
U.S. CIVIL SERVICE COMMISSION
CHAPTER R1, FEDERAL PERSONNEL MANUAL

SECRET
(WHEN FILLED IN)

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR.-MISS-MRS.-ONE GIVEN NAME-INITIAL(S)-AND SURNAME)	2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
MR. E. HOWARD HUNT 513842	9 Oct 1918		25 Jan 1957

This is to notify you of the following action affecting your employment:

5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)	6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
Reassignment 57	13 Jan 1957	50 USCA 403 J

FROM		TO
Ops Officer (PP) BFF-1455	8. POSITION TITLE	Area Ops Off (COS) BAF-162
GS-0136.31-15 $12,150.00 per annum	9. SERVICE, SERIES, GRADE, SALARY	GS-0136.01-15 $12,150.00 per annum
DDP/FE North Asia Station PP Staff	10. ORGANIZATIONAL DESIGNATIONS 465130	DDP/WH Branch II Montevideo, Uruguay Station
Tokyo, Japan	11. HEADQUARTERS 5	Montevideo, Uruguay
[X] FIELD [ ] DEPARTMENTAL	12. FIELD OR DEP'T'L	[X] FIELD [ ] DEPARTMENTAL

13. VETERAN'S PREFERENCE: NONE	WWII	OTHER	5-PT.	10-POINT	14. POSITION CLASSIFICATION ACTION: NEW	VICE	I. A.	REAL.	
1			X						SD/DP

15. SEX	16. APPROPRIATION	17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)	18. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)	19. LEGAL RESIDENCE
1 M W	FROM: 7-3735-55-005 760-31 TO: 7-3587-55-065	Yes		[ ] CLAIMED [ ] PROVED STATE:

20. REMARKS:

3 ECD 11/03/49

POSTED
25 JAN 1957

ENTRANCE PERFORMANCE RATING:

Director Of Personnel

[signature]

21. SIGNATURE OR OTHER AUTHENTICATION

SECRET

1. EMPLOYEE COPY

9-21/25/57

14-00000

STANDARD FORM 50 (7 PART)
REV. APRIL 1951
PROMULGATED BY
U.S. CIVIL SERVICE COMMISSION
CHAPTER R1, FEDERAL PERSONNEL MANUAL

SECRET
(WHEN FILLED IN)

NOTIFICATION OF PERSONNEL ACTION

1. NAME	2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
MR. HOWARD E. HUNT 513842	9 Oct 1918		31 Jan 1957

This is to notify you of the following action affecting your employment:

5. NATURE OF ACTION	6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
Integration - Department of State* 58	25 Jan 1957	50 USCA 403 j

FROM		TO
Area Ops. Officer (COS) BAF-162	8. POSITION TITLE	Area Ops. Officer (COS) BAF-162 (Attache, Pol.Off. 1st Sec. & Consul) (When Confirmed)
GS-0136.01-15 $12,150.00 per annum	9. SERVICE, SERIES, GRADE, SALARY	GS-0136.01-15 $12,150.00 per annum (FSR-3 $12,100.00 per annum)
	10. ORGANIZATIONAL DESIGNATIONS 466130	DDP/WH Branch 2 Montevideo, Uruguay Station
	11. HEADQUARTERS	Montevideo, Uruguay
[X] FIELD [ ] DEPARTMENTAL	12. FIELD OR DEPT'L. 5	[X] FIELD [ ] DEPARTMENTAL

13. VETERAN'S PREFERENCE: NONE	WWII	OTHER	5-PT.	10-POINT	14. POSITION CLASSIFICATION ACTION: NEW	VICE	I.A.	REAL.	
1			X						SD/DI

15. SEX	16. APPROPRIATION	17. SUBJECT TO C.S. RETIREMENT ACT	18. DATE OF APPOINT-MENT AFFIDAVITS	19. LEGAL RESIDENCE
1 M W	FROM: 7-3587-55-065 760-31 TO: same	Yes		[ ] CLAIMED [ ] PROVED STATE:

20. REMARKS

*Subject is to be paid the difference between CIA salary of $12,150 and FSR salary of $12,100, to be paid by the Department of State and allowances in accordance therewith

Sick and annual leave are to be held in escrow until subject reverts to GS status

3 EOD 11/08/49

POSTED 1957

ENTRANCE PERFORMANCE RATING:

Director of Personnel

21. SIGNATURE OR OTHER AUTHENTICATION

SECRET

1. EMPLOYEE COPY

2/11/31/57

14-00000

SECRET
(When Filled In)

NAME OF EMPLOYEE (LAST-FIRST-MIDDLE)	DATE OF BIRTH	CASE OR CLAIM NUMBER
HUNT, Howard		CAD 57-721-D

There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on wife.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE	SIGNATURE OF BCD REPRESENTATIVE
4 Dec 57	[illegible signature]

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

FORM NO. 1076
1 SEP 56

(4-21-55)

SECRET
(When Filled In)

NAME OF EMPLOYEE (LAST-FIRST-MIDDLE)	DATE OF BIRTH	CASE OR CLAIM NUMBER
HUNT, Howard		[illegible]58-[illegible] D

There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on [illegible].

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE	SIGNATURE OF BCD REPRESENTATIVE
4 F[illegible] 58	[illegible]

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

(4-21-35)

FORM NO. 1076
SEP 56

14-00000

SECRET
(When Filled In)

NAME OF EMPLOYEE (LAST-FIRST-MIDDLE)	DATE OF BIRTH	CASE OR CLAIM NUMBER
HUNT, Howard E.		CAS 58-167D

There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on dependent wife.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE	SIGNATURE OF BCD REPRESENTATIVE
[illegible]	B. De Felice

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

FORM NO. 1076
1 SEP 56

(4-21-35)

SECRET
(When Filled In)

NAME OF EMPLOYEE (LAST-FIRST-MIDDLE)	DATE OF BIRTH	CASE OR CLAIM NUMBER
HUNT, Howard		CAB 58-68 D

There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on dependent daughter.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE	SIGNATURE OF BCD REPRESENTATIVE
14 May '58	B. De Felice

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET
(When Filled In)

NAME OF EMPLOYEE (LAST-FIRST-MIDDLE)	DATE OF BIRTH	CASE OR CLAIM NUMBER
HUNT, Howard		58-135 D

There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Off'cial Disability Claim File on the above named employee for an illness, injury, or death incurred on dependent daughter

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE	SIGNATURE OF BCD REPRESENTATIVE
21 May 1958	D. DeFelice m

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

FORM NO. 1076
1 SEP 56

NAME OF EMPLOYEE (Last-First-middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
[illegible]	[illegible]	[illegible]

There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on [illegible]

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE	SIGNATURE OF BCD REPRESENTATIVE
18 A[illegible]	B. DeFelice

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET
(When Filled In)

NAME OF EMPLOYEE (LAST-FIRST-MIDDLE)	DATE OF BIRTH	CASE OR CLAIM NUMBER
HUNT, Howard	Unk	57-726D

There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on wife.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE	SIGNATURE OF BCD REPRESENTATIVE
21 Aug 1958	

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

FORM NO. 1076
1 SEP 56

14-00000

SECRET
(When Filled In)

NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
HUNT, Howard	Dorothy	58-399 D

There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on ____________________.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE	SIGNATURE OF BCD REPRESENTATIVE
8 Dec. 1958	

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

FORM 1076 USE PREVIOUS EDITION.

SECRET

SECRET
(When Filled In)

PERIODIC SUPPLEMENT
PERSONAL HISTORY STATEMENT

THIS DATE

INSTRUCTIONS

This form provides the means whereby your official personnel records will be kept current. Even though it duplicates information you have furnished previously, it will be necessary for you to complete Sections I through VI in their entirety. You need complete Sections VII through XII only if there has been a change since you entered on duty with the organization or if you believe the item requires more complete coverage than you have previously reported.

SECTION I — GENERAL

1. FULL NAME (Last-First-Middle): HUNT, E. Howard
2. CURRENT ADDRESS (No., Street, City, Zone, State):
3. PERMANENT ADDRESS (No., Street, City, Zone, State):
4. HOME TELEPHONE NUMBER:
5. STATE, TERRITORY, POSSESSION OR COUNTRY IN WHICH YOU NOW CLAIM RESIDENCE:

SECTION II — PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

1. NAME (Last-First-Middle) PREFERABLY RESIDING IN U.S.: Hunt, Ethel J.
2. RELATIONSHIP: Mother
3. HOME ADDRESS (No., Street, City, Zone, State, Country): 75 Willett Street, Albany 10, NY
4. BUSINESS ADDRESS (No., Street, City, Zone, State, Country). INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE:
5. HOME TELEPHONE NUMBER: HObart 3-6218
6. BUSINESS TELEPHONE NUMBER:
7. BUSINESS TELEPHONE EXTENSION:
8. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Spouse, Mother, Father) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE.

SECTION III — MARITAL STATUS

1. CHECK (X) ONE: SINGLE [ ] MARRIED [X] WIDOWED [ ] SEPARATED [ ] DIVORCED [ ] ANNULLED [ ]
2. FURNISH DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS

SPOUSE: If you have been married more than once, including annulments, use a separate sheet for former wife or husband giving data below for all previous marriages. If marriage is contemplated, provide same data for fiance.

3. NAME (First) Dorothy (Middle) Louise (Maiden) Wetzel (Last) HUNT
4. DATE OF MARRIAGE: Sept. 7 1949
5. PLACE OF MARRIAGE (City, State, Country): Millbrook, New York
6. ADDRESS OF SPOUSE BEFORE MARRIAGE (No., Street, City, State, Country): Sarasota, Florida
7. LIVING: YES [X] NO [ ]
8. DATE OF DEATH:
9. CAUSE OF DEATH:
10. CURRENT ADDRESS (Give last address, if deceased):
11. DATE OF BIRTH: April 1 1920
12. PLACE OF BIRTH (City, State, Country): Dayton, Ohio
13. IF BORN OUTSIDE U.S., DATE OF ENTRY:
14. PLACE OF ENTRY:
15. CITIZENSHIP (Country): USA
16. DATE ACQUIRED:
17. WHERE ACQUIRED (City, State, Country):
18. OCCUPATION: none
19. PRESENT EMPLOYER (Also give former employer, or if spouse is deceased or unemployed, last two employers):
20. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country):

SECTION III CONTINUED TO PAGE 2

14-00000

SECRET
(When Filled In)

SECTION III. CONTINUED FROM PAGE 1

21. DATES OF MILITARY SERVICE OF SPOUSE (From and To) BY MONTH AND YEAR

22. BRANCH OF SERVICE

23. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED

24. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN

SECTION IV RELATIVES BY BLOOD, MARRIAGE OR ADOPTION LIVING ABROAD OR WHO ARE NOT U.S. CITIZENS

1
1. FULL NAME (Last-First-Middle) | 2. RELATIONSHIP | 3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES
5. CITIZENSHIP (Country) | 6. FREQUENCY OF CONTACT | 7. DATE OF LAST CONTACT

2
1. FULL NAME (Last-First-Middle) | 2. RELATIONSHIP | 3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES
5. CITIZENSHIP (Country) | 6. FREQUENCY OF CONTACT | 7. DATE OF LAST CONTACT

3
1. FULL NAME (Last-First-Middle) | 2. RELATIONSHIP | 3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES
5. CITIZENSHIP (Country) | 6. FREQUENCY OF CONTACT | 7. DATE OF LAST CONTACT

4
1. FULL NAME (Last-First-Middle) | 2. RELATIONSHIP | 3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES
5. CITIZENSHIP (Country) | 6. FREQUENCY OF CONTACT | 7. DATE OF LAST CONTACT

5. SPECIAL REMARKS, IF ANY, CONCERNING THESE RELATIVES

SECTION V FINANCIAL STATUS

1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? [ ] YES [X] NO

2. DO YOU HAVE ANY FINANCIAL INTEREST IN, OR OFFICIAL CONNECTION WITH, NON-U.S. CORPORATIONS OR BUSINESSES OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS? [X] YES [ ] NO IF YOU HAVE ANSWERED "YES," GIVE COMPLETE DETAILS ON A SEPARATE SHEET AND ATTACH IN A SEALED ENVELOPE.

3. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, PENSION, OR COMPENSATION FOR MILITARY OR NAVAL SERVICE? [ ] YES [X] NO

4. IF YOU HAVE ANSWERED "YES" TO QUESTION 3 ABOVE, GIVE COMPLETE DETAILS.

5. WITHOUT REFERENCE TO YOUR SALARY, STATE OTHER SOURCES OF RECURRENT INCOME NOT INDICATED BY PRECEDING ITEMS.

publishing royalties

SECTION V CONTINUED TO PAGE 3

SECRET

SECTION V CONTINUED FROM PAGE 2

6. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS

NAME OF INSTITUTION	ADDRESS (City, State, Country)
Riggs Nat'l Bank	Wisconsin at M St, NW, Washington DC

7. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? [ ] YES [X] NO

8. IF YOU HAVE ANSWERED "YES" TO QUESTION 7 ABOVE, GIVE PARTICULARS, INCLUDING COURT AND DATE(S)

SECTION VI — CITIZENSHIP

1. COUNTRY OF CURRENT CITIZENSHIP: USA

2. CITIZENSHIP ACQUIRED BY - CHECK (X) ONE: [X] BIRTH [ ] MARRIAGE [ ] OTHER (Specify)

3. HAVE YOU TAKEN STEPS TO CHANGE YOUR PRESENT CITIZENSHIP? [ ] YES [X] NO

4. GIVE PARTICULARS

5. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, INDICATE PRESENT STATUS OF YOUR APPLICATION (First papers, etc.)

SECTION VII — EDUCATION

1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED

[ ]	LESS THAN HIGH SCHOOL GRADUATE	[ ]	OVER TWO YEARS OF COLLEGE - NO DEGREE
[ ]	HIGH SCHOOL GRADUATE	[X]	BACHELOR'S DEGREE
[ ]	TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE	[ ]	GRADUATE STUDY LEADING TO HIGHER DEGREE
[ ]	TWO YEARS COLLEGE OR LESS	[ ]	MASTER'S DEGREE [ ] DOCTOR'S DEGREE

2. COLLEGE OR UNIVERSITY STUDY

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT: MAJOR	SUBJECT: MINOR	DATES ATTENDED: FROM	DATES ATTENDED: TO	DEGREE REC'D	DATE REC'D	SEM/QTR HRS. COMPLETED (Specify)
Brown University, Providence RI	Lit		1936	1940	AB	June 1940	

3. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED: FROM	DATES ATTENDED: TO	TOTAL HOURS

4. MILITARY TRAINING (Full time duty in specialized schools such as Ordnance, Intelligence, Communications, etc.)

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED: FROM	DATES ATTENDED: TO	TOTAL WEEKS
USNA, Annapolis	Reserve trng.	Feb 1941	May 1941	12
AAFTAC, Orlando, Fla.	Intelligence	June 1943	Dec 1943	28

5. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE

14-00000

SECRET
(When Filled In)

SECTION VIII — GEOGRAPHIC AREA KNOWLEDGE

1. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE KNOWLEDGE GAINED AS A RESULT OF RESIDENCE, TRAVEL, STUDY OR WORK ASSIGNMENT OTHER THAN ORGANIZATION EXPERIENCE. UNDER COLUMN "TYPE OF SPECIALIZED KNOWLEDGE," INDICATE TYPE OF KNOWLEDGE SUCH AS TERRAIN, COASTS, HARBORS, UTILITIES, RAILROADS, INDUSTRIES, POLITICAL PARTIES, ETC.

NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE, TRAVEL, ETC.	KNOWLEDGE ACQUIRED BY			
			RESIDENCE	TRAVEL	STUDY	WORK ASSIGNMENT
France	political	1939, 1948-49			x	x
Spain	political, coasts	May 1960		x		
Mexico	political, terrain	Dec-June 1946	x			

2. INDICATE THE PURPOSE OF VISIT, RESIDENCE OR TRAVEL FOR EACH OF THE REGIONS OR COUNTRIES LISTED ABOVE

France 1939 - study at the Sorbonne
" 1948-49 - spl. asst to Amb. Harriman at ECA (speechwriter)
Mexico 1946 - Residence at Acapulco as Guggenheim Fellow for that year

3. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE GAINED KNOWLEDGE AS A RESULT OF ORGANIZATION ASSIGNMENT OR ACTIVITY.

NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE, TRAVEL, ETC.	KNOWLEDGE ACQUIRED BY		
			HDQTS ASSIGNMENT	FIELD ASSIGNMENT	TRAINING
Mexico	Pol, terrain	1950-53		xx	
Japan	Political	1954-56		xx	
Uruguay	Political terrain	1957-60		xx	
Balkans	Political	1953-54	xx		
Greece	Political	1953-54	xx		

SECTION IX — TYPING AND STENOGRAPHIC SKILLS

1. TYPING (W.P.M.)	2. SHORTHAND (W.P.M.)	3. SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM			
40		GREGG	SPEEDWRITING	STENOTYPE	OTHER (Specify):

4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (Comptometer, Mimeograph, Card Punch, etc.)

SECTION X — SPECIAL QUALIFICATIONS

1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH

squash - good — hunting, shooting - good — tennis - v. good
equitation - good — fishing - fair

2. INDICATE ANY SPECIAL QUALIFICATIONS, RESULTING FROM EXPERIENCE OR TRAINING, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION OR TYPE OF WORK

3. EXCLUDING EQUIPMENT NOTED IN SECTION IX, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT OR MACHINES SUCH AS OPERATION OF SHORTWAVE RADIO, MULTILITH, TURRET LATHE, SCIENTIFIC AND PROFESSIONAL DEVICES, ETC.

4. IF YOU ARE A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (Pilot, Electrician, Radio Operator, Teacher, Lawyer, CPA, Medical Technician, etc.), INDICATE THE KIND OF LICENSE OR CERTIFICATE, NAME OF ISSUING STATE, AND REGISTRY NUMBER, IF KNOWN.

5. FIRST LICENSE OR CERTIFICATE (Year of issue)	6. LATEST LICENSE OR CERTIFICATE (Year of issue)

SECRET

SECRET
(When Filled In)

SECTION X CONTINUED FROM PAGE 4

7. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR (Do not submit copies unless requested). INDICATE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (Non-fiction, scientific articles, general interest subjects, novels, short stories, etc.)

8. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED

9. LIST ANY PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE

10. LIST ANY PROFESSIONAL, ACADEMIC OR HONORARY ASSOCIATIONS OR SOCIETIES IN WHICH YOU ARE NOW OR WERE FORMERLY A MEMBER. LIST ACADEMIC HONORS YOU HAVE RECEIVED.

SECTION XI ORGANIZATION WORK EXPERIENCE - SINCE LAST COMPLETION OF A PERSONNEL QUALIFICATIONS QUESTIONNAIRE

1

1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
Oct 49 - Dec 50	GS-13	OPC/PP/PW

4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE
6	Operations Officer

6. DESCRIPTION OF DUTIES

2

1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
Feb 1957 - March 1960	15	WH - 2

4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE
16	Chief of Station, Montevideo

6. DESCRIPTION OF DUTIES

3

1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
June 1960 —	15	WH - 4

4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE
	Political Action Officer

6. DESCRIPTION OF DUTIES

Field Chief in Mexico City of JMARC

4

1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT

4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE

6. DESCRIPTION OF DUTIES

5

1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT

4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE

6. DESCRIPTION OF DUTIES

(Use additional pages if required)

SECRET

SECRET
(When Filled In)

SECTION XII — **CHILDREN AND OTHER DEPENDENTS**

1. NUMBER OF CHILDREN (*Including stepchildren and adopted children*) WHO ARE UNMARRIED, UNDER 21 YEARS OF AGE, AND ARE NOT SELF-SUPPORTING.	3	2. NUMBER OF OTHER DEPENDENTS (*Including spouse, parents, stepparents, sister, etc.*) WHO DEPEND ON YOU FOR AT LEAST 50% OF THEIR SUPPORT, OR, CHILDREN OVER 21 YEARS OF AGE WHO ARE NOT SELF-SUPPORTING.	1

3. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS

NAME	RELATIONSHIP	YEAR OF BIRTH	SEX M	SEX F	CITIZENSHIP	ADDRESS
Dorothy I.	wife	1920		x	USA	
Lisa Tiffany	daughter	1951		x	USA	
Kevan Totterdale	"	1953		x	"	
Howard St. John	son	1954	x		"	

ADDITIONAL COMMENT AND/OR CONTINUATION OF PRECEDING ITEMS

DATE COMPLETED	SIGNATURE OF EMPLOYEE
16 June 1960	Howard Hunt

SECRET

14-00000

SECRET

5 July 1960

MEMORANDUM FOR: Chief, Records and Services Division
Office of Personnel

SUBJECT : E. Howard HUNT

1. Cover arrangements are in process, and/or have been completed for the above-named Subject.

2. Effective immediately, it is requested that your records be properly blocked ~~reference~~ to deny ~~acknowledge~~ Subject's current Agency employment to an external inquirer.

3. This memorandum confirms an oral request of 1 July 1960 Richard J. Biladeau, 2-1005, T-4, x-8266.

HARRY W. LITTLE, JR.
Chief, Central Cover Division

cc: SSD/OS

SECRET

THIS MEMO MUST REMAIN ON TOP OF FILE

FORM 1580a (4-13-40)

27

SECRET
(When Filled In)

NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
Hunt, Howard E.	daughter - Lisa	6C-1190

There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on [illegible] '57.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE	SIGNATURE OF BSD REPRESENTATIVE
25 July 1960	[signature]

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

FORM 1076 USE PREVIOUS EDITION. SECRET (4-21-35)

14-00000

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED	13 October 1960
1. SERIAL NUMBER	013842
2. NAME (Last-First-Middle)	HUNT, E. Howard
3. NATURE OF PERSONNEL ACTION	REASSIGNMENT (TEMPORARY)*
4. EFFECTIVE DATE REQUESTED	~~10 30 60~~ 11 20 60
5. CATEGORY OF EMPLOYMENT	REGULAR
6. FUNDS	CF TO CF: X
7. COST CENTER NO. CHARGEABLE	1535-5000-0021
8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS	DDP/WH Division Branch 4 JU17
10. LOCATION OF OFFICIAL STATION	WASHINGTON, D.C.
11. POSITION TITLE	~~XXXXXXXXXXXXXXX OPERATIONS~~ OFFICER CCS
12. POSITION NUMBER	XXXXX
12A. PCR CONTROL NO.	
13. CAREER SERVICE DESIGNATION	D
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)	GS
15. OCCUPATIONAL SERIES	0136.01
16. GRADE AND STEP	15 (5)
17. SALARY OR RATE	$15,030

18. REMARKS

DDP/WH/2, Montevideo, BAF-162 Trey TA

*UPON TERMINATION OF THIS TEMPORARY ASSIGNMENT YOU WILL BE REASSIGNED AS THE HEAD OF YOUR CAREER SERVICE DIRECTS.

POS: 08-16-53
PS1; 02-05-61

18A. SIGNATURE OF REQUESTING OFFICIAL: Herbert V. Juul
HERBERT V. JUUL, C/WH/4/Pers.

18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER: [signature]

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. EMPLOYEE CODE	21. OFFICE CODING NUMERIC	ALPHABETIC	22. STATION CODE	23. INTEGREE CODE	24. HOME CODE	25. DATE OF BIRTH
37	12	14452	[illegible]	25513		1	10 09 18

EOD DATA

45. POSITION CONTROL CERTIFICATION: W. Kearney 11/21/60

46. O.P. APPROVAL: [signature]

FORM 1152 OBSOLETE PREVIOUS EDITIONS AND FORM 1152A

SECRET

14-00000

AES: 25 NOV 1960

SECRET
(When Filled In)

OCF

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER	2. NAME (LAST-FIRST-MIDDLE)
013842	HUNT E HOWARD

3. NATURE OF PERSONNEL ACTION	4. EFFECTIVE DATE (MO DA YR)	5. CATEGORY OF EMPLOYMENT
REASSIGNMENT (TEMPORARY)*	11 25 60	REGULAR

6. FUNDS	V TO V	V TO CF	CF TO V	CF TO CF	7. COST CENTER NO. CHARGEABLE	8. CSC OR OTHER LEGAL AUTHORITY
			X		1535 5000 0021	50 USC 403 J

9. ORGANIZATIONAL DESIGNATIONS	10. LOCATION OF OFFICIAL STATION
DDP WH DIVISION BRANCH 4	WASH., D.C.

11. POSITION TITLE	12. POSITION NUMBER	13. CAREER SERVICE DESIGNATION
OPS OFFICER	0000	D

14. CLASSIFICATION SCHEDULE (GS, WB, etc.)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
GS	0136.01	15 5	15030

18. REMARKS
*UPON TERMINATION OF THIS TEMPORARY ASSIGNMENT YOU WILL BE REASSIGNED AS THE HEAD OF YOUR CAREER SERVICE DIRECTS.

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. Employ Code	21. OFFICE CODING NUMERIC	ALPHABETIC	22. STATION CODE	23. INTEGREE CODE	24. Numeric Code	25. DATE OF BIRTH (MO DA YR)	26. DATE OF GRADE	27. DATE OF LEI
37	10	64450	WH	75013		1	10 09 18		

28. NTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA (1 - CSC, 2 - FICA, 3 - NONE) CODE	31. SEPARATION DATA CODE	32. CORRECTION CANCELLATION DATA	EOD DATA	33. SECURITY REQ NO	34. SEX

35. VET PREFERENCE	36. SERV COMP DATE	37. LONG COMP. DATE	38. MIL SERV. CREDIT LCD	39. FEGLI / HEALTH INSURANCE	40. SOCIAL SECURITY NO.

41. PREVIOUS GOVERNMENT SERVICE DATA	42. LEAVE CAT CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA

SIGNATURE OR OTHER AUTHENTICATION

12/01/60 WK

Form 1150 60 Obsolete Previous Editions

25 NOV

SECRET

14-00000

SECRET
(WHEN FILLED IN)

1. EMP. SERIAL NO.	2. NAME	3. ASSIGNED ORGAN	4. FUNDS	5. ALLOTMENT
513842	HUNT E HOWARD	DDP/WH UNASS.	UV	

6. OLD SALARY RATE						7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE MO	DA	YR	GRADE	STEP	SALARY	EFFECTIVE DATE MO	DA.	YR
GS 15	5	$15,030	08	09	59	GS 15	8	$15,290	02	05	61

TO BE COMPLETED BY THE OFFICE OF COMPTROLLER

8. CHECK ONE ☐ NO EXCESS LWOP ☐ EXCESS LWOP
IF EXCESS LWOP, CHECK FOLLOWING:
☐ IN PAY STATUS AT END OF WAITING PERIOD
☐ IN LWOP STATUS AT END OF WAITING PERIOD

9. NUMBER OF HOURS LWOP

10. INITIALS OF CLERK

11. AUDITED BY

TO BE COMPLETED BY THE OFFICE OF PERSONNEL

12. TYPE OF ACTION
☐ P.S.I. ☐ L.S.I. ☐ PAY ADJUSTMENT

13. REMARKS
THIS CANCELS PSI EFFECTIVE 02/05/61.
ADMINISTRATIVE ERROR.

14. AUTHENTICATION

POSTED TO 2806

JK

OBLIGATION APPROVED

PAY CHANGE NOTIFICATION

FORM 8-59 560 OBSOLETE PREVIOUS EDITION REPLACES FORM 560a AND 560b. SECRET OFFICIAL PERSONNEL FOLDER (4)

SECRET
(When Filled In)

1. Serial No.	2. Name	3. Cost Center Number	4. LWOP Hours
513842	HUNT E HOWARD	DDP/WH UV UV	

5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADJ.
GS 15	5	$15,030	08/09/59	15	8	$15,290	02/05/61			

8. Remarks and Authentication

/ / NO EXCESS LWOP

/ / IN PAY STATUS AT END OF WAITING PERIOD

/ / IN LWOP STATUS AT END OF WAITING PERIOD

JK

PAY CHANGE NOTIFICATION

Form 560 Obsolete Previous Edition SECRET (4-51)

IN ACCORDANCE WITH THE PROVISIONS OF P. L. 86-568 AND DCI MEMO DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS EFFECTIVE 10 JULY 1960.

SD	NAME	SERIAL	ORGN	GR-ST	OLD SALARY	NEW SALARY
D	HUNT E HOWARD	513842	46 51	GS-15 5	$13,970	$15,030

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED: [illegible] 1961

1. SERIAL NUMBER	2. NAME (Last-First-Middle)		
0[illegible]	HUNT, E. HOWARD		
3. NATURE OF PERSONNEL ACTION	4. EFFECTIVE DATE REQUESTED (MONTH / DAY / YEAR)	5. CATEGORY OF EMPLOYMENT	
Reassignment	11 / 26 / 61	Regular	
6. FUNDS: V TO V / V TO CF / CF TO V / CF TO CF	7. COST CENTER NO. CHARGEABLE	8. LEGAL AUTHORITY (Completed by Office of Personnel)	
	2121-1000-1000		
9. ORGANIZATIONAL DESIGNATIONS	10. LOCATION OF OFFICIAL STATION		
DDP/CA Staff Plans and Research Group Evaluation Branch	Washington, D.C.		
11. POSITION TITLE	12. POSITION NUMBER	13. CAREER SERVICE DESIGNATION	
[illegible] -CA	0274	D	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
GS	0136.01	15 5	$ 15030

18. REMARKS

FROM: DDP/WH/Br 4/Temporary

1cc - Payroll
1cc - Security

Called Security [illegible]

18A. SIGNATURE OF REQUESTING OFFICIAL	DATE SIGNED	18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER	DATE SIGNED
Roosevelt [illegible] ROOSEVELT, Jr., C/CA Staff	16 Nov 1961	[signature]	11 Nov 61

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. EMPLOY. CODE	21. OFFICE CODING (NUMERIC / ALPHABETIC)	22. STATION CODE	23. [illegible] CODE	24. [illegible] CODE	25. DATE OF BIRTH (MO. DA. YR.)	26. DATE OF GRADE	27. DATE OF LEI
57	10	44260 / CA			1	10 09 18		

FOD DATA

45. POSITION CONTROL CERTIFICATION	46. O.P. APPROVAL	DATE APPROVED
[initials] 11-28-61	[signature]	17 Nov 61

FORM 1152 USE PREVIOUS EDITION.

SECRET

PSC: 29 DEC 1961

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

OCF

1 SERIAL NUMBER	2 NAME (LAST-FIRST-MIDDLE)
013842	HUNT E HOWARD

3 NATURE OF PERSONNEL ACTION	4 EFFECTIVE DATE (MO DA YR)	5. CATEGORY OF EMPLOYMENT
REASSIGNMENT	11 26 61	REGULAR

6 FUNDS	V TO V	V TO CF	CF TO V	CF TO CF	7. COST CENTER NO CHARGEABLE	8 CSC OR OTHER LEGAL AUTHORITY
			X		2121 1000 1000	50 USC 403 J

9 ORGANIZATIONAL DESIGNATIONS	10 LOCATION OF OFFICIAL STATION
DDP CA STAFF PLANS AND RESEARCH GROUP EVALUATION BRANCH	WASH., D.C.

11. POSITION TITLE	12 POSITION NUMBER	13 CAREER SERVICE DESIGNATION
OPS OFFICER CH	0274	D

14 CLASSIFICATION SCHEDULE (GS, LB, etc.)	15 OCCUPATIONAL SERIES	16 GRADE AND STEP	17. SALARY OR RATE
GS	0136.01	15 5	15030

18. REMARKS

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20 Employ Code	21 OFFICE CODING NUMERIC	ALPHABETIC	22. STATION CODE	23. INTEGREE CODE	24. Hdqtrs Code	25. DATE OF BIRTH (MO DA YR)	26 DATE OF GRADE (MO DA YR)	27 DATE OF LEI (MO DA YR)
37	10	44200	CA	75013		1	10 09 18		

28 NTE EXPIRES (MO DA YR)	29 SPECIAL REFERENCE	30 RETIREMENT DATA (1 - CSC, 2 - FICA, 3 - NONE) CODE	31 SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA (TYPE, MO DA YR)	EOD DATA	33. SECURITY REQ. NO	34. SEX

35 VET. PREFERENCE (CODE: 0 - NONE, 1 - 5 PT., 2 - 10 PT)	36 SERV COMP DATE (MO DA YR)	37. LONG. COMP. DATE (MO DA YR)	38. MIL SERV CREDIT/LCD (1 - YES, 2 - NO; CODE)	39. FEGLI / HEALTH INSURANCE (CODE: 0 - WAIVER, 1 - YES; HEALTH INS CODE)	40 SOCIAL SECURITY NO

41 PREVIOUS GOVERNMENT SERVICE DATA (CODE: 0 - NO PREVIOUS SERVICE, 1 - NO BREAK IN SERVICE, 2 - BREAK IN SERVICE (LESS THAN 12 MOS), 3 - BREAK IN SERVICE (MORE THAN 12 MOS))	42 LEAVE CAT. CODE	43 FEDERAL TAX DATA (FORM EXECUTED: 1 - YES, 2 - NO; CODE; NO TAX EXEMPTIONS)	44 STATE TAX DATA (FORM EXECUTED: 1 - YES, 2 - NO; CODE; NO TAX EXEMP; STATE CODE)

SIGNATURE OR OTHER AUTHENTICATION

POSTED
MK 01-04-62

Form 8-61 1150 Use Previous Edition

SECRET

(4-81)

14-00000

PSC: 26 JAN 62

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

OCF

1. SERIAL NUMBER	2. NAME (LAST-FIRST-MIDDLE)
013342	HUNT E HOWARD

3. NATURE OF PERSONNEL ACTION	4. EFFECTIVE DATE (MO DA YR)	5. CATEGORY OF EMPLOYMENT
REASSIGNMENT	01 29 62	REGULAR

6. FUNDS	V TO V		V TO CF	7. COST CENTER NO. CHARGEABLE	8. CSC OR OTHER LEGAL AUTHORITY
	CF TO V	X	CF TO CF	2121 1000 1000	50 USC 403 J

9. ORGANIZATIONAL DESIGNATIONS	10. LOCATION OF OFFICIAL STATION
DDP CA STAFF OFFICE OF THE CHIEF	WASH., D.C.

11. POSITION TITLE	12. POSITION NUMBER	13. CAREER SERVICE DESIGNATION
OPS OFFICER	0454	D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
GS	0136.01	15 5	15030

18. REMARKS

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. Employ Code	21. OFFICE CODING (NUMERIC)	(ALPHABETIC)	22. STATION CODE	23. INTEGREE CODE	24. Hdqtrs Code	25. DATE OF BIRTH (MO DA YR)	26. DATE OF GRADE	27. DATE OF LEI
37	10	41100	CA	75013		1	10 09 18		

28. NTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA (1. CSC 2. FICA 3. NONE)	CODE	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO	34. SEX
	80					EOD DATA		

35. VET. PREFERENCE (0 NONE, 1 5 PT, 2 10 PT)	36. SERV COMP DATE	37. LONG COMP. DATE	38. MIL SERV CREDIT/LCD (1 YES 2 NO)	39. FEGLI - HEALTH INSURANCE (0 WAIVER 1 YES; HEALTH INS CODE)	40. SOCIAL SECURITY NO

41. PREVIOUS GOVERNMENT SERVICE DATA (0 NO PREVIOUS SERVICE; 1 NO BREAK IN SERVICE; 2 BREAK IN SERVICE (LESS THAN 12 MOS); 3 BREAK IN SERVICE (MORE THAN 12 MOS))	42. LEAVE CAT CODE	43. FEDERAL TAX DATA (FORM EXECUTED CODE 1 YES 2 NO; NO TAX EXEMPTIONS)	44. STATE TAX DATA (FORM EXECUTED 1 YES 2 NO; CODE; NO TAX EXEMP; STATE CODE)

SIGNATURE OR OTHER AUTHENTICATION

POSTED
01-30-62

Form 8-61 1150 Use Previous Edition

SECRET

(4-91)

3-e 1-26-62

14-00000

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED: 29 May 1962

1. SERIAL NUMBER: 013842

2. NAME (Last-First-Middle): Hunt, E. Howard

3. NATURE OF PERSONNEL ACTION: Reassignment

4. EFFECTIVE DATE REQUESTED: MONTH 07 DAY 01 YEAR 62

5. CATEGORY OF EMPLOYMENT: Regular

6. FUNDS: V TO V / V TO CF / CF TO V / X CF TO CF

7. COST CENTER NO. CHARGEABLE: 3129-1000-1000

8. LEGAL AUTHORITY (Completed by Office of Personnel):

9. ORGANIZATIONAL DESIGNATIONS:
DDP/DCDS
Facilities Branch
Research and Publications Section

10. LOCATION OF OFFICIAL STATION: Washington, D.C.

11. POSITION TITLE: Ops. Officer-Ch D 14

12. POSITION NUMBER: 0092

13. CAREER SERVICE DESIGNATION: D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.): GS

15. OCCUPATIONAL SERIES: 0316.01

16. GRADE AND STEP: 15 5

17. SALARY OR RATE: $15,030.00

18. REMARKS

PRA Requested per R - 20-10, para 10C(2) for a period of 90 days.

DDP/CA Staff
Office of the Chief/454 - /

CONCUR: Helen Ingraham (By Phone)

CSID

18a. SIGNATURE OF REQUESTING OFFICIAL: Virginia C. Lynch, DODS/Pers.

DATE SIGNED:

18b. SIGNATURE OF CAREER SERVICE APPROVING OFFICER: [signature]

DATE SIGNED: 6/1/62

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE | 20. EMPLOY. CODE | 21. OFFICE CODING: NUMERIC 40 ALPHABETIC | 22. STATION CODE | 23. INTEGREE CODE | 24. HQTRS CODE: 1 | 25. DATE OF BIRTH: 10 9 18 | 26. DATE OF GRADE | 27. DATE OF LEI

28. NTE EXP RES | 29. SPECIAL REFERENCE: 80 | 30. RETIREMENT DATA | 31. SEPARATION DATA CODE | 32. CORRECTION/CANCELLATION DATA | EOD DATA | 33. SECURITY REQ. NO. | 34. SEX

35. VET. PREFERENCE | 36. SERV. COMP. DATE | 37. LONG. COMP. DATE | 38. MIL. SERV. CREDITED | 39. FEGLI / HEALTH INSURANCE | 40. SOCIAL SECURITY NO.

41. PREVIOUS GOVERNMENT SERVICE DATA | 42. LEAVE CAT. CODE | 43. FEDERAL TAX DATA | 44. STATE TAX DATA

45. POSITION CONTROL CERTIFICATION:

46. O.P. APPROVAL: [signature]

DATE APPROVED: 6/1/62

FORM 1152 USE PREVIOUS EDITION.

SECRET

14-00000

BWS: 21 JUNE '62

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

UCF

1. SERIAL NUMBER	2. NAME (LAST-FIRST-MIDDLE)
013842	HUNT E HOWARD

3. NATURE OF PERSONNEL ACTION	4. EFFECTIVE DATE (MO DA YR)	5. CATEGORY OF EMPLOYMENT
REASSIGNMENT	07 01 62	REGULAR

6. FUNDS	V TO V		V TO CF	7. COST CENTER NO. CHARGEABLE	8. CSC OR OTHER LEGAL AUTHORITY
	CF TO V	X	CF TO CF	3129 1000 1000	50 USC 403 J

9. ORGANIZATIONAL DESIGNATIONS	10. LOCATION OF OFFICIAL STATION
DDP DODS FACILITIES BRANCH RESEARCH & PUBLICATIONS SECTION	WASH., D. C.

11. POSITION TITLE	12. POSITION NUMBER	13. CAREER SERVICE DESIGNATION
OPS OFFICER CH	0092	D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
GS	0136.01	15 5	15030

18. REMARKS

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. Employ Code	21. OFFICE CODING NUMERIC	ALPHABETIC	22. STATION CODE	23. INTEGREE CODE	24. Hdqtrs Code	25. DATE OF BIRTH (MO DA YR)	26. DATE OF GRADE (MO DA YR)	27. DATE OF LEI (MO DA YR)
37	10	53400	DODS	75013		1	10 09 18		

28. NTE EXPIRES (MO DA YR)	29. SPECIAL REFERENCE	30. RETIREMENT DATA (1 CSC, 3 FICA, 5 NONE) CODE	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA (TYPE, MO DA YR)	EOD DATA	33. SECURITY REQ NO.	34. SEX
	80						

35. VET PREFERENCE CODE (0 NONE, 1 5 PT, 2 10 PT)	36. SERV COMP DATE (MO DA YR)	37. LONG COMP. DATE (MO DA YR)	38. MIL SERV CREDIT/LCD. (1 YES, 2 NO) CODE	39. FEGLI / HEALTH INSURANCE CODE (0 WAIVER, 1 YES)	HEALTH INS CODE	40. SOCIAL SECURITY NO

41. PREVIOUS GOVERNMENT SERVICE DATA CODE (0 NO PREVIOUS SERVICE, 1 NO BREAK IN SERVICE, 2 BREAK IN SERVICE (LESS THAN 12 MOS), 3 BREAK IN SERVICE (MORE THAN 12 MOS))	42. LEAVE CAT CODE	43. FEDERAL TAX DATA: FORM EXECUTED (1 YES, 2 NO) CODE	NO TAX EXEMPTIONS	44. STATE TAX DATA: FORM EXECUTED (1 YES, 2 NO)	CODE	NO TAX EXEMP	STATE CODE

SIGNATURE OR OTHER AUTHENTICATION

POSTED

Lg 6-29-62

L. B. ECHOLS

Form 8-61 1150 Use Previous Edition

SECRET

(4-51)

Bac 6-22-62

ABM: 17 SEPT 62

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

OCF

1. SERIAL NUMBER	2. NAME (LAST-FIRST-MIDDLE)
013842	HUNT E HOWARD

3. NATURE OF PERSONNEL ACTION	4. EFFECTIVE DATE (MO DA YR)	5. CATEGORY OF EMPLOYMENT
REASSIGNMENT	09 16 62	REGULAR

6. FUNDS	V TO V	V TO CF	CF TO V	CF TO CF	7. COST CENTER NO. CHARGEABLE	8. CSC OR OTHER LEGAL AUTHORITY
			X		3129 2000 1000	50 USC 403 J

9. ORGANIZATIONAL DESIGNATIONS	10. LOCATION OF OFFICIAL STATION
DDP DODS US FIELD FACILITIES BRANCH RESEARCH & PUBLICATIONS SECTION	WASH., D. C.

11. POSITION TITLE	12. POSITION NUMBER	13. CAREER SERVICE DESIGNATION
OPS. OFFICER CH	0092	D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
GS	0136.01	15 5	15030

18. REMARKS

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. Employ Code	21. OFFICE CODING NUMERIC	ALPHABETIC	22. STATION CODE	23. INTEGREE CODE	24. Hdqtrs. Code	25. DATE OF BIRTH (MO DA YR)	26. DATE OF GRADE (MO DA YR)	27. DATE OF LEI (MO DA YR)
37	10	53400	DODS	75013		2	10 09 18		

28. NTE EXPIRES (MO DA YR)	29. SPECIAL REFERENCE	30. RETIREMENT DATA (1 - CSC, 2 - FICA, 3 - NONE) CODE	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA (TYPE, MO, DA, YR)		33. SECURITY REQ. NO.	34. SEX
	80				EOD DATA		

35. VET. PREFERENCE CODE (0 - NONE, 1 - 5 PT, 2 - 10 PT)	36. SERV COMP DATE (MO DA YR)	37. LONG COMP DATE (MO DA YR)	38. CAREER CATEGORY (CAR, RESV, PROV, TEMP) CODE	39. FEGLI / HEALTH INSURANCE CODE (0 - WAIVER, 1 - YES)	HEALTH INS CODE	40. SOCIAL SECURITY NO.

41. PREVIOUS GOVERNMENT SERVICE DATA CODE (0 - NO PREVIOUS SERVICE, 1 - NO BREAK IN SERVICE, 2 - BREAK IN SERVICE (LESS THAN 3 YRS), 3 - BREAK IN SERVICE (MORE THAN 3 YRS))	42. LEAVE CAT CODE	43. FEDERAL TAX DATA: FORM EXECUTED (1 - YES, 2 - NO)	CODE	NO. TAX EXEMPTIONS	44. STATE TAX DATA: FORM EXECUTED (1 - YES, 2 - NO)	CODE	NO TAX EXEMP	STATE CODE

SIGNATURE OR OTHER AUTHENTICATION

9-17-62

BAB 9/17/62

FORM 4-62 1150 Use Previous Edition

SECRET

GROUP 1 Excluded from automatic downgrading and declassification

(4-81)

(When Filled In)

SECRET

NOTIFICATION OF ESTABLISHMENT OF MILITARY COVER BACKSTOP

DATE: 21 September 1962

TO: (Check)	X	CHIEF, RECORDS AND SERVICES DIVISION	ESTABLISHED FOR
		CHIEF, OPERATING COMPONENT - DODS	HUNT, E. Howard
ATTN: Miss Lynch			FILE NO. 1088
REF: Form 1322 WEH dtd 29 Aug 62 requesting cover			ID CARD NO.
MILITARY COVER BACKSTOP ESTABLISHED: US Army Element, Composite Operations Group			

[X] BLOCK RECORDS:
(OPMEMO 20-800-11)

a. TEMPORARILY FOR ____ DAYS, EFFECTIVE ________.

b. CONTINUING, EFFECTIVE EOD.

[X] SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY TO 3.
(HB 20-800-2)

[X] ASCERTAIN THAT ARMY W-2 BEING ISSUED.
(HB 20-661-1)

[X] SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER.
(R 240-250)

[X] SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY.
(R 240-250)

[ ] REMARKS:

[ ] COPY TO CPD/OP

45-136

ALR/pp CHIEF, MILITARY COVER, CCS

DISTRIBUTION: 1-OSD/OS, 1-PSD/OS, 1-ADPD/COMPT

FORM 7-62 1551 OBSOLETE PREVIOUS EDITIONS.

SECRET

(13-20-43)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 5 JANUARY 1964.

NAME	SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
HUNT E HOWARD	013842	43 400	CF	GS 15 6	$16,965	$18,240

1 Serial No.	2 Name	3 Cost Center Number	4 LWOP Hours
013842	HUNT, E. HOWARD	53 400 CF	

5 OLD SALARY RATE				6 NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADJ.
GS-15	5	$16,485	08/09/59	GS-15	6	$16,965	12/09/62			

8 Remarks and Authentication

I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.

SIGNATURE: R H Cunningham

DATE: 7 December 1962

PAY CHANGE NOTIFICATION

MC

Form 9-61 560 Obsolete Previous Edition (4-51)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87 - 793 AND DCI MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 14 OCTOBER 1962

NAME	SERIAL	ORGN	FUNDS	OLD GR-ST	OLD SALARY	NEW GR-ST	NEW SALARY
HUNT E HOWARD	013842	53400	CF	15 5	$15030	15 5	$16485

14-00000

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED: 9 July 1964

1 SERIAL NUMBER	2 NAME (Last-First-Middle)
013842	HUNT, E. Howard

3 NATURE OF PERSONNEL ACTION	4 EFFECTIVE DATE REQUESTED (MONTH / DAY / YEAR)	5 CATEGORY OF EMPLOYMENT
Reassignment	08 / / 64	Regular

6 FUNDS	V TO V	V TO CF	7 COST CENTER NO. CHARGEABLE	8 LEGAL AUTHORITY (Completed by Office of Personnel)
	CF TO V	X CF TO CF	5129-0253	

9 ORGANIZATIONAL DESIGNATIONS	10 LOCATION OF OFFICIAL STATION
DDP/DOD U.S. Field C A Staff	Washington, D.C.

11 POSITION TITLE	12 POSITION NUMBER	13 CAREER SERVICE DESIGNATION
Ops Officer - CH (15)	0280	D

14 CLASSIFICATION SCHEDULE (GS, LB, etc.)	15 OCCUPATIONAL SERIES	16 GRADE AND STEP	17 SALARY OR RATE
GS-15	0136.01	15 06	$18,240

18 REMARKS

Coded by CSPD

18A SIGNATURE OF REQUESTING OFFICIAL	DATE SIGNED	18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER	DATE SIGNED
Virginia C. Lynch VIRGINIA C. LYNCH, DO/Pers	9 July 64	Ronald Gage	7/21/64

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19 ACTION CODE	20 EMPLOY CODE	21 OFFICE CODING (NUMERIC / ALPHABETIC)	22 STATION CODE	23 INTEGREE CODE	24 HOOTRS CODE	25 DATE OF BIRTH (MO. DA. YR.)	26 DATE OF GRADE (MO. DA. YR.)	27 DATE OF LEI (MO. DA. YR.)
37	10	12200 / [illegible]	75012		2	10 09 18		

28 NTE EXPIRES (MO. DA. YR.)	29 SPECIAL REFERENCE	30 RETIREMENT DATA (1-CSC, 3-FICA, 5-NONE) / CODE	31 SEPARATION DATA CODE	32 CORRECTION CANCELLATION DATA (TYPE, MO, DA, YR)	EOD DATA	33 SECURITY REQ NO	34 SEX
4 / X / X							

35 VET. PREFERENCE (CODE; 0-NONE, 1-5 PT, 2-10 PT)	36 SERV COMP DATE (MO. DA. YR)	37 LONG COMP DATE (MO. DA. YR)	38 CAREER CATEGORY (CAR RESV, PROV TEMP / CODE)	39 FEGLI HEALTH INSURANCE (CODE; 0-WAIVED, 1-YES / HEALTH INS. CODE)	40 SOCIAL SECURITY NO

41 PREVIOUS GOVERNMENT SERVICE DATA (CODE; 0-NO PREVIOUS SERVICE, 1-NO BREAK IN SERVICE, 2-BREAK IN SERVICE (LESS THAN 3 YEARS), 3-BREAK IN SERVICE (MORE THAN 3 YEARS))	42 LEAVE CAT CODE	43 FEDERAL TAX DATA (FORM EXECUTED 1-YES 2-NO / CODE / NO TAX EXEMPTIONS)	44 STATE TAX DATA (FORM EXECUTED 1-YES 2-NO / CODE / NO TAX EXEMP / STATE CODE)

45 POSITION CONTROL CERTIFICATION	46 O P APPROVAL	DATE APPROVED
30 JA	Ronald Gage	7/21/64

FORM 6-63 1152 USE PREVIOUS EDITION

SECRET

GROUP 1 Excluded from automatic downgrading and declassification

14-00000

SECRET
(When Filled In)

RZR: 31 JUL 64

NOTIFICATION OF PERSONNEL ACTION

OCF

1. SERIAL NUMBER	2. NAME (LAST-FIRST-MIDDLE)
013842	HUNT E HOWARD

3. NATURE OF PERSONNEL ACTION	4. EFFECTIVE DATE (MO. DA. YR)	5. CATEGORY OF EMPLOYMENT
REASSIGNMENT	08 03 64	REGULAR

6. FUNDS	V TO V	V TO CF	CF TO V	CF TO CF	7. COST CENTER NO. CHARGEABLE	8. CSC OR OTHER LEGAL AUTHORITY
			X		5129 0253 0000	50 USC 403 J

9. ORGANIZATIONAL DESIGNATIONS	10. LOCATION OF OFFICIAL STATION
DDP/DOD US FIELD CA STAFF	WASH., D.C.

11. POSITION TITLE	12. POSITION NUMBER	13. SERVICE DESIGNATION
OPS OFFICER CH	0280	D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
GS	0136.01	15 6	18240

18. REMARKS

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. Employ Code	21. OFFICE CODING NUMERIC	ALPHABETIC	22. STATION CODE	23. INTEGREE CODE	24. Hdqtrs Code	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI
37	10	43200	DOD	75013		2	10 09 18		

28. NTE EXPIRES (MO. DA. YR)	29. SPECIAL REFERENCE	30. RETIREMENT DATA (1 - CSC, 2 - FICA, 3 - NONE)	CODE	31. SEPARATION DATA CODE	32. CORRECTION-CANCELLATION DATA (TYPE, MO, DA, YR)		33. SECURITY REQ NO.	34. SEX
XX XX XX						EOD DATA		

35. VET. PREFERENCE CODE (0 - NONE, 1 - 5 PT., 2 - 10 PT.)	36. SERV COMP DATE (MO DA YR)	37. LONG COMP DATE (MO DA YR)	38. CAREER CATEGORY (CAR, RES., PROV., TEMP.)	39. FEGLI / HEALTH INSURANCE CODE (0 - WAIVED, 1 - YES)	HEALTH INS CODE	40. SOCIAL SECURITY NO

41. PREVIOUS GOVERNMENT SERVICE DATA CODE (0 - NO PREVIOUS SERVICE, 1 - NO BREAK IN SERVICE, 2 - BREAK IN SERVICE (LESS THAN 3 YRS), 3 - BREAK IN SERVICE (MORE THAN 3 YRS))	42. LEAVE CAT CODE	43. FEDERAL TAX DATA: FORM EXECUTED (1 - YES, 2 - NO)	CODE	NO. TAX EXEMPTIONS	44. STATE TAX DATA: FORM EXECUTED (1 - YES, 2 - NO)	CODE	NO TAX EXEMP	STATE CODE

SIGNATURE OR OTHER AUTHENTICATION

POSTED
12 AUG 1964

31 JUL 1964

FORM 11-62 1150 Use Previous Edition

SECRET

GROUP 1 Excluded from automatic downgrading and declassification

(When Filled In)

14-00000

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED: 16 February 1965

1. SERIAL NUMBER: 013242
2. NAME (Last-First-Middle): HUNT, E. Howard

3. NATURE OF PERSONNEL ACTION: ~~REASSIGNMENT~~ TRANSFER and to Vouchered Funds
4. EFFECTIVE DATE REQUESTED: MONTH 02 DAY 28 YEAR 65
5. CATEGORY OF EMPLOYMENT: REGULAR

6. FUNDS: V TO V | V TO CF | X CF TO V | CF TO CF
7. COST CENTER NO. CHARGEABLE: 5220-0001
8. LEGAL AUTHORITY (Completed by Office of Personnel)

9. ORGANIZATIONAL DESIGNATIONS: ~~DDP~~ ~~OPERATIONAL SERVICES~~ ~~OFFICE OF THE CHIEF~~ OFFICE OF THE DDP OPERATION GROUP
10. LOCATION OF OFFICIAL STATION: WASH., D.C.

11. POSITION TITLE: CPS ~~OPERATIONS~~ OFFICER (14)
12. POSITION NUMBER: 0390
13. CAREER SERVICE DESIGNATION: D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.): GS
15. OCCUPATIONAL SERIES: 0136.01
16. GRADE AND STEP: 15 7
17. SALARY OR RATE: $19880

18. REMARKS
FROM: DOD/US FED/C/OH STAFF
This employee is the only qualified person available for assignment to this position which must be filled immediately. He will be in PRA status for a period not to exceed 24 months.
PRA in accordance with Regulation HR 20-21 paragraphs c (3).

Verbal concurrence from DOD's per Bill Michael 2/19/65 2/18/65

CC: Payroll
Security

Security Approval [illegible] 2/23/65 HJT

18A. SIGNATURE OF REQUESTING OFFICIAL | DATE SIGNED
18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER: [signature] | DATE SIGNED: 17 Feb 65

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. EMPL. CODE	21. OFFICE CODING (NUMERIC / ALPHABETIC)	22. STAT IN CODE	23. INTEGRITY CODE	24. HOURS CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI
16	16	[illegible]	[illegible]		1	10 09 18	08 16 53	12 06 64

28. NTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ. NO.	34. SEX
02 27 67	83				EOD DATA		

35. VET. PREFERENCE | 36. SERV. COMP. DATE | 37. LONG. COMP. DATE | 38. CAREER CATEGORY | 39. FEGLI / HEALTH INSURANCE | 40. SOCIAL SECURITY NO.

41. PREVIOUS GOVERNMENT SERVICE DATA | 42. LEAVE CAT. CODE | 43. FEDERAL TAX DATA | 44. STATE TAX DATA

45. POSITION CONTROL CERTIFICATION: from DoDS 2-19-65 HJT (2)
46. O.P. APPROVAL: [signature]
DATE APPROVED: 17 Feb

FORM 1152 OBSOLETE PREVIOUS EDITION AND FORM 1152a.

SECRET

GROUP 1 Excluded from automatic downgrading and declassification

14-00000

SECRET
(When Filled In)

NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
Hunt, E. Howard	Self	65-607

There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on 12 October 1964.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE	SIGNATURE OF BSD REPRESENTATIVE
[illegible] 1965	[illegible]

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

FORM 10-58 1076 USE PREVIOUS EDITION.

SECRET

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED: 5 April 1965

1 SERIAL NUMBER	2 NAME (Last-First-Middle)
013342	HUNT, E. Howard

3 NATURE OF PERSONNEL ACTION	4 EFFECTIVE DATE REQUESTED (MONTH / DAY / YEAR)	5 CATEGORY OF EMPLOYMENT
REASSIGNMENT-CORRECTION ~~Funds Conv~~ ~~Transfer~~	02 / / 65	REGULAR

6 FUNDS				7 COST CENTER NO. CHARGEABLE	8 LEGAL AUTHORITY (Completed by Office of Personnel)
	V TO V		V TO CF	5120-0001	
	CF TO V	X	CF TO CF		

9 ORGANIZATIONAL DESIGNATIONS	10 LOCATION OF OFFICIAL STATION
OFFICE OF THE DDP OPERATIONS ~~Staff~~ Group	WASH., D.C.

11 POSITION TITLE	12 POSITION NUMBER	13 CAREER SERVICE DESIGNATION
OPS OFFICER (14)	0390	D

14 CLASSIFICATION SCHEDULE (GS, LB, etc.)	15 OCCUPATIONAL SERIES	16 GRADE AND STEP	17 SALARY OR RATE
GS	0136.01	15 7	$ 19330

18. REMARKS

Correct action dated 2/20/65 to delete transfer to vouchered funds.

Correct Cost Center chargeable to 5120-0001 funds. Section 6 to read CF to CF.

Admin Error.

CC: Payroll
Security

18A SIGNATURE OF REQUESTING OFFICIAL	DATE SIGNED	18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER	DATE SIGNED
		[signature]	5 April 65

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19 ACTION CODE	20 EMPLOY CODE	21 OFFICE CODING (NUMERIC / ALPHABETIC)	22 STATION CODE	23 INTEGREE CODE	24 HOURS CODE	25 DATE OF BIRTH (MO. DA. YR.)	26 DATE OF GRADE (MO. DA. YR.)	27 DATE OF LEI (MO. DA. YR.)
					1	10 09 18		

28 NTE EXPIRES (MO DA YR)	29 SPECIAL REFERENCE	30 RETIREMENT DATA (1—CSC 3—FICA 5—NONE) CODE	31 SEPARATION DATA CODE	32 CORRECTION CANCELLATION DATA (TYPE / MO DA YR)	EOD DATA	33 SECURITY REQ NO	34 SEX
02 27 67	83						

35 VET. PREFERENCE (CODE: 0—NONE 1—5 PT 2—10 PT)	36 SERV COMP DATE (MO. DA. YR.)	37 LONG COMP DATE (MO DA YR)	38 CAREER CATEGORY (CAR/RSV PROV TEMP) CODE	39 FEGLI HEALTH INSURANCE (CODE: 0—WAIVER 1—YES; HEALTH INS. CODE)	40 SOCIAL SECURITY NO

41 PREVIOUS GOVERNMENT SERVICE DATA (CODE: 0—NO PREVIOUS SERVICE 1—NO BREAK IN SERVICE 2—BREAK IN SERVICE (LESS THAN 3 YEARS) 3—BREAK IN SERVICE (MORE THAN 3 YEARS))	42 LEAVE CAT CODE	43 FEDERAL TAX DATA (FORM EXECUTED 1—YES 2—NO / CODE / NO TAX EXEMPTIONS)	44 STATE TAX DATA (FORM EXECUTED 1—YES 2—NO / CODE / NO TAX EXEMP / STATE CODE)

45 POSITION CONTROL CERTIFICATION	46 OP APPROVAL	DATE APPROVED
4/5/65 HH	[signature]	5 April

FORM 6-63 1152 USE PREVIOUS EDITION

SECRET

GROUP 1 Excluded from automatic downgrading and declassification

12

1 Serial No.	2 Name	3 Cost Center Number	4 LWOP Hours
013942	HUNT E HOWARD	43 200 CF	

5 OLD SALARY RATE				6 NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last EH Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADJ
GS 15	6	$19,310	12/09/62	GS 15	7	$19,880	12/08/64			

8. Remarks and Authentication

/ √ / NO EXCESS LWOP

/ / IN PAY STATUS AT END OF WAITING PERIOD

/ / LWOP STATUS AT END OF WAITING PERIOD

CLERKS INITIALS AUDITED BY

4

000

mm

I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.

SIGNATURE: E.D. ECHOLS DATE

PAY CHANGE NOTIFICATION

Form 560 9-61 — Obsolete Previous Edition — (4-51)

GENERAL SCHEDULE RATES

Federal Employees Salary Act of 1964

GRADE	Per Annum Rates and Steps									
	1	2	3	4	5	6	7	8	9	10
GS- 1	$3,385	$3,500	$3,615	$3,730	$3,845	$3,960	$4,075	$4,190	$4,305	$4,420
GS- 2	3,680	3,805	3,930	4,055	4,180	4,305	4,430	4,555	4,680	4,805
GS- 3	4,005	4,140	4,275	4,410	4,545	4,680	4,815	4,950	5,085	5,220
GS- 4	4,480	4,630	4,780	4,930	5,080	5,230	5,380	5,530	5,680	5,830
GS- 5	5,000	5,165	5,330	5,495	5,660	5,825	5,990	6,155	6,320	6,485
GS- 6	5,505	5,690	5,875	6,060	6,245	6,430	6,615	6,800	6,985	7,170
GS- 7	6,050	6,250	6,450	6,650	6,850	7,050	7,250	7,450	7,650	7,850
GS- 8	6,630	6,850	7,070	7,290	7,510	7,730	7,950	8,170	8,390	8,610
GS- 9	7,220	7,465	7,710	7,955	8,200	8,445	8,690	8,935	9,180	9,425
GS-10	7,900	8,170	8,440	8,710	8,980	9,250	9,520	9,790	10,060	10,330
GS-11	8,650	8,945	9,240	9,535	9,830	10,125	10,420	10,715	11,010	11,305
GS-12	10,250	10,605	10,960	11,315	11,670	12,025	12,380	12,735	13,090	13,445
GS-13	12,075	12,495	12,915	13,335	13,755	14,175	14,595	15,015	15,435	15,855
GS-14	14,170	14,660	15,150	15,640	16,130	16,620	17,110	17,600	18,090	18,580
GS-15	16,460	17,030	17,600	18,170	18,740	19,310	19,880	20,450	21,020	21,590
GS-16	18,935	19,590	20,245	20,900	21,555	22,210	22,865	23,520	24,175	.....
GS-17	21,445	22,195	22,945	23,695	24,445	.....	.....	.....	.....	.....
GS-18	24,500	.....	.....	.....	.....	.....	.....	.....	.....	.....

OLD: 9 APR 65

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

OKF

1. SERIAL NUMBER	2. NAME (LAST-FIRST-MIDDLE)
013842	HUNT E HOWARD

3. NATURE OF PERSONNEL ACTION	4. EFFECTIVE DATE (MO DA YR)	5. CATEGORY OF EMPLOYMENT
REASSIGNMENT (CORRECTION)	02 28 65	REGULAR

6. FUNDS	V TO V	CF TO V	V TO CF	CF TO CF	7. COST CENTER NO. CHARGEABLE	8. CSC OR OTHER LEGAL AUTHORITY
				X	5120 0001 0000	50 USC 403 J

9. ORGANIZATIONAL DESIGNATIONS	10. LOCATION OF OFFICIAL STATION
DDP OFFICE OF THE DDP OPERATIONS GROUP	WASH., D. C.

11. POSITION TITLE	12. POSITION NUMBER	13. SERVICE DESIGNATION
OPS OFFICER	0390	D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
GS	0136.01	15 7	19880

18. REMARKS

THIS ACTION CORRECTS FORM 1150 EFFECTIVE DATE 02/28/65 AS FOLLOWS:
ITEM #3, NATURE OF PERSONNEL ACTION, TO DELETE TRANSFER TO VOUCHERED FUNDS.
ITEM #6, FUNDS, WHICH READ CF TO V, TO READ CF TO CF.
ITEM #7, COST CENTER NO. CHARGEABLE, WHICH READ 5220 0001 0000, TO READ 5120 0001 0000.

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. Employ Code	21. OFFICE CODING NUMERIC	ALPHABETIC	22. STATION CODE	23. INTEGREE CODE	24. Hdqtrs Code	25. DATE OF BIRTH (MO DA YR)	26. DATE OF GRADE	27. DATE OF LEI
58	10	30100	DDP	75013		1	10 09 18		

28. NTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA (1-CSC 2-FICA 3-NONE) CODE	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE	MO DA YR	EOD DATA	33. SECURITY REQ NO	34. SEX
	03			16	02 28 65			

35 VET. PREFERENCE	36 SERV COMP DATE	37 LONG COMP DATE	38 CAREER CATEGORY	39 FEGLI / HEALTH INSURANCE	40 SOCIAL SECURITY NO

41 PREVIOUS GOVERNMENT SERVICE DATA	42. LEAVE CAT. CODE	43 FEDERAL TAX DATA	44 STATE TAX DATA

SIGNATURE OR OTHER AUTHENTICATION

POSTED
4-7-65 [initials]

FORM 11-64 1150 Use Previous Edition

SECRET

GROUP 1 Excluded from automatic downgrading and declassification

(When Filled In)

14-00000

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED: 17 JUNE 1965

1 SERIAL NUMBER	2 NAME (Last-First-Middle)
013842	HUNT, E. HOWARD

3 NATURE OF PERSONNEL ACTION	4 EFFECTIVE DATE REQUESTED (MONTH / DAY / YEAR)	5 CATEGORY OF EMPLOYMENT
RESIGNATION	7 / 3 / 65	REGULAR

6 FUNDS	V TO V	V TO CF	CF TO V	CF TO CF	7 COST CENTER NO. CHARGEABLE	8 LEGAL AUTHORITY (Completed by Office of Personnel)
				XX	6120-0001	

9 ORGANIZATIONAL DESIGNATIONS	10 LOCATION OF OFFICIAL STATION
DDP OFFICE OF THE DDP OPERATIONS GROUP	WASHINGTON, D. C.

11 POSITION TITLE	12 POSITION NUMBER	13 CAREER SERVICE DESIGNATION
OPS OFFICER	0390	D

14 CLASSIFICATION SCHEDULE (GS, LB, etc.)	15 OCCUPATIONAL SERIES	16 GRADE AND STEP	17 SALARY OR RATE
GS	0136.01	15 7	$ 19,880.

18 REMARKS

SUBJECT IS RE-EMPLOYABLE.

Recorded
[illegible]
[handwritten initials]

18A SIGNATURE OF REQUESTING OFFICIAL	DATE SIGNED	18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER	DATE SIGNED
[signature]		[signature]	6/24/65

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19 ACTION CODE	20 EMPLOY. CODE	21 OFFICE CODING (NUMERIC / ALPHABETIC)	22 STATION CODE	23 INTEGREE CODE	24 HDQTRS CODE	25 DATE OF BIRTH (MO. DA. YR.)	26 DATE OF GRADE (MO DA YR)	27 DATE OF LEI (MO. DA. YR.)
45	10				1	10 09 18		

28 NTE EXPIRES (MO DA YR)	29 SPECIAL REFERENCE	30 RETIREMENT DATA (1-CSC 3-FICA 5-NONE / CODE)	31 SEPARATION DATA CODE	32 CORRECTION CANCELLATION DATA (TYPE / MO DA YR)	EOD DATA	33 SECURITY REQ. NO	34 SEX
		1	3F,CO,7,1				

35 VET PREFERENCE (CODE: 0-NONE 1-5 PT 2-10 PT)	36 SERV COMP DATE (MO DA YR)	37 LONG COMP DATE (MO DA YR)	38 CAREER CATEGORY (CAR-RESV PROV-TEMP)	39 FEGLI HEALTH INSURANCE (CODE / CODE 0-WAIVER 1-YES / HEALTH INS. CODE)	40 SOCIAL SECURITY NO

41 PREVIOUS GOVERNMENT SERVICE DATA (CODE: 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS))	42 LEAVE CAT CODE	43 FEDERAL TAX DATA (FORM EXECUTED 1-YES 2-NO / CODE / NO TAX EXEMPTIONS)	44 STATE TAX DATA (FORM EXECUTED 1-YES 2-NO / CODE / NO TAX EXEMP / STATE CODE)

45 POSITION CONTROL CERTIFICATION	46. O P APPROVAL	DATE APPROVED
6 23 65 [initials]	[signature]	7/13/65

1152 USE PREVIOUS EDITION

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

PJH: 16 JUL 65

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

REF

1. SERIAL NUMBER	2. NAME (LAST-FIRST-MIDDLE)
013842	HUNT E HOWARD

3. NATURE OF PERSONNEL ACTION	4. EFFECTIVE DATE (MO. DA. YR.)	5. CATEGORY OF EMPLOYMENT
RESIGNATION	07 03 65	REGULAR

6. FUNDS	V TO V	CF TO V		CF TO CF	V TO CF	7. COST CENTER NO. CHARGEABLE	8. CSC OR OTHER LEGAL AUTHORITY
			X			6120 0001 0000	

9. ORGANIZATIONAL DESIGNATIONS	10. LOCATION OF OFFICIAL STATION
DDP/OFFICE OF THE DDP OPERATIONS GROUP	WASH., D.C.

11. POSITION TITLE	12. POSITION NUMBER	13. SERVICE DESIGNATION
OPS OFFICER	0390	D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
GS	0136.01	15 7	19880

18. REMARKS

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. Employ Code	21. OFFICE CODING (NUMERIC / ALPHABETIC)	22. STATION CODE	23. INTEGREE CODE	24. Hdqtrs Code	25. DATE OF BIRTH (MO. DA. YR.)	26. DATE OF GRADE (MO. DA. YR.)	27. DATE OF LEI (MO. DA. YR.)
45	10					10 09 18		

28. NTE EXPIRES (MO. DA. YR.)	29. SPECIAL REFERENCE	30. RETIREMENT DATA (1 - CSC, 2 - FICA, 3 - NONE) CODE	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA (TYPE, MO. DA. YR.)	EOD DATA	33. SECURITY REQ NO	34. SEX
			1BF0071				

35. VET PREFERENCE (0 - NONE, 1 - 5 PT, 2 - 10 PT)	36. SERV. COMP. DATE (MO. DA. YR.)	37. LONG. COMP. DATE (MO. DA. YR.)	38. CAREER CATEGORY	39. FEGLI - HEALTH INSURANCE (CODE; 0 - WAIVED, 1 - YES; HEALTH INS. CODE)	40. SOCIAL SECURITY NO.

41. PREVIOUS GOVERNMENT SERVICE DATA (0 - NO PREVIOUS SERVICE, 1 - NO BREAK IN SERVICE, 2 - BREAK IN SERVICE LESS THAN 3 YRS, 3 - BREAK IN SERVICE MORE THAN 3 YRS)	42. LEAVE CAT CODE	43. FEDERAL TAX DATA (FORM EXECUTED: 1 - YES, 2 - NO; CODE; NO. TAX EXEMPTIONS)	44. STATE TAX DATA (FORM EXECUTED: 1 - YES, 2 - NO; CODE; NO. TAX EXEMP; STATE CODE)

SIGNATURE OR OTHER AUTHENTICATION

POSTED
7-19-65

1150 Use Previous Edition

SECRET

(When Filled In)

14-00000

SECRET

NOTIFICATION OF ESTABLISHMENT OF MILITARY COVER BACKSTOP

DATE: 20 July 1965

TO: (Check)
- X CHIEF, PERSONNEL OPERATIONS DIVISION
- X CHIEF, OPERATING COMPONENT (For action) DDP

ESTABLISHED FOR: HUNT, E. Howard

FILE NO.: 1008

ID CARD NO.:

EMPLOYEE NO.:

ATTN: Admin Staff

REF: Resignee Backstop Debriefing

MILITARY COVER BACKSTOP ESTABLISHED: US Army Element, Composite Operations Group

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

[X] Block Records: (OPMEMO 20-800-11) Resignation effective 3 Jul 65

a. Temporarily for ______ days, effective ______

b. Continuing, effective EOD Oct 49

[NA] Submit Form 642 to change limitation category. (HHB 20-7)

[NA] Ascertain that Army W-2 being issued. (HB 20-661-1)

[NA] Submit Form 1322 for any change affecting this cover. (R 240-250)

[NA] Submit Form 1323 for transferring cover responsibility. (R 240-250)

[ ] Remarks:

Continuing per Col. Neil Mack 11/1/65

[X] Cover History

Dec50-Mar53	Mexico/State	Jun54-Oct56	Japan/DAC
Dec56-Jul60	Uraguay/State	Jul60-Jul65	Hdqs/DAC

Forwarding Address:
5029 Milwood La.
Washington, D.C.
Employment Address:
O/s with NOC background

James L. Franklin
RDD/al CHIEF, MILITARY COVER, CCG

DISTRIBUTION: Copy 1-POD, Copy 2-Operating Component, Copy 3-OS D/OS, Copy 4-CL/TELSVC, Copy 5-PSD/OS, Copy 6-File.

FORM 6-64 1551 USE PREVIOUS EDITION SECRET (13-20-43)

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED: 8 SEPTEMBER 1966

1 SERIAL NUMBER: 013842
2 NAME (Last-First-Middle): HUNT, E. HOWARD

3 NATURE OF PERSONNEL ACTION: EXCEPTED APPOINTMENT (Career)
4 EFFECTIVE DATE REQUESTED: MONTH 09 | DAY 18 | YEAR 66
5 CATEGORY OF EMPLOYMENT: REGULAR

6 FUNDS: XX | V TO V | V TO CF | CF TO V | CF TO CF
7 COST CENTER NO. CHARGEABLE: 7236-1184
8 LEGAL AUTHORITY (Completed by Office of Personnel):

9 ORGANIZATIONAL DESIGNATIONS:
50 DDP/WE
OPERATIONS STAFF
INTERNAL SECTION

10 LOCATION OF OFFICIAL STATION: WASHINGTON, D.C.

11 POSITION TITLE: OPS OFFICER (15)
12 POSITION NUMBER: 0020
13 CAREER SERVICE DESIGNATION: D

14 CLASSIFICATION SCHEDULE (GS, LB, etc.): GS
15 OCCUPATIONAL SERIES: 0136.01
16 GRADE AND STEP: 15-7
17 SALARY OR RATE: $ 21192

18 REMARKS: Subject terminated staff status July 1965. Picked-up as a Contract Employee, and the termination of Contract Status will be effective 17 September 1966.

~~Terminated as Contract Employee reverting to Staff~~ 17th

cc Security
cc Payroll

~~Reinstate back as~~ [illegible]

* Former Contract Employee. Reinstate with Career C-07/54

18A SIGNATURE OF REQUESTING OFFICIAL: Richard F. Westerman
Richard F. Westerman, C/E/Personnel
DATE SIGNED:

18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER: Ronald Gage
DATE SIGNED: 19 Sept 66

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19 ACTION CODE	20 EMPLOY. CODE	21 OFFICE CODING NUMERIC	21 OFFICE CODING ALPHABETIC	22 STATION CODE	23 INTEGREE CODE	24 HDQTRS CODE	25 DATE OF BIRTH (MO. DA. YR.)	26 DATE OF GRADE (MO DA YR)	27 DATE OF LEI (MO DA YR)
11	10	50645	WE	75013		1	10 04 18	05 16 55	10 06 67

28 NTE EXPIRES (MO DA. YR)	29 SPECIAL REFERENCE	30 RETIREMENT DATA (1—CSC 3—FICA 5—NONE) CODE	31 SEPARATION DATA CODE	32 CORRECTION CANCELLATION DATA (TYPE / MO DA. YR)	EOD DATA	33 SECURITY REQ. NO.	34 SEX
		1				48130	M1

35 VET PREFERENCE CODE (0—NONE 1—5 PT 2—10 PT)	36 SERV COMP DATE (MO DA YR)	37 LONG COMP DATE (MO DA YR.)	38 CAREER CATEGORY (CAR RESV PROV/TEMP) CODE	39 FEGLI HEALTH INSURANCE CODE (0—WAIVED 1—YES)	HEALTH INS. CODE	40 SOCIAL SECURITY NO
1	05 24 45	11 28 49	C	1		136-05-[illegible]

41 PREVIOUS GOVERNMENT SERVICE DATA CODE (0—NO PREVIOUS SERVICE 1—NO BREAK IN SERVICE 2—BREAK IN SERVICE (LESS THAN 3 YEARS) 3—BREAK IN SERVICE (MORE THAN 3 YEARS))	42 LEAVE CAT CODE	43 FEDERAL TAX DATA FORM EXECUTED (1—YES 2—NO)	CODE	NO. TAX EXEMPTIONS	44 STATE TAX DATA FORM EXECUTED (1—YES 2—NO)	CODE	NO TAX EXEMP	STATE CODE
1	8		1	[illegible]		1	6	79

45 POSITION CONTROL CERTIFICATION:
46 O P APPROVAL: Robert E. [illegible]
DATE APPROVED:

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1
Excluded from automatic downgrading and declassification

RUN: 23 SEPT 66

SECRET
(When Filled In)

OAF

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER	2. NAME (LAST FIRST MIDDLE)
013842	HUNT E HOWARD

3. NATURE OF PERSONNEL ACTION	4. EFFECTIVE DATE (MO DA YR)	5. CATEGORY OF EMPLOYMENT
EXCEPTED APPT CAREER	09 13 66	REGULAR

6. FUNDS	V TO V	V TO CF	7. COST CENTER NO. CHARGEABLE	8. CSC OR OTHER LEGAL AUTHORITY
X	CF TO V	CF TO CF	7236 1184 0000	50 USC 403 J

9. ORGANIZATIONAL DESIGNATIONS	10. LOCATION OF OFFICIAL STATION
DDP/WE OPERATIONS STAFF INTERNAL SECTION	WASH., D.C.

11. POSITION TITLE	12. POSITION NUMBER	13. SERVICE DESIGNATION
OPS OFFICER	0020	D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
GS	0136.01	15 7	21192

18. REMARKS

FORMER CONTRACT EMPLOYEE. REINSTATE SICK LEAVE.

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19 ACTION CODE	20 Employ Code	21. OFFICE CODING Numeric	Alphabetic	22 STATION CODE	23 INTEGREE CODE	24 Hdqrs Code	25 DATE OF BIRTH (MO DA YR)	26 DATE OF GRADE (MO DA YR)	27 DATE OF LEI (MO DA YR)
11	10	50045	WE	75013		1	10 09 18	08 16 53	12 06 64

28 NTE EXPIRES (MO DA YR)	29 SPECIAL REFERENCE	30 RETIREMENT DATA (1 - CSC, 2 - FICA, 3 - NONE) CODE	31 SEPARATION DATA CODE	32 CORRECTION, CANCELLATION DATA (TYPE, MO DA YR)		33. SECURITY REQ NO	34 SEX
		1			EOD DATA	48130	M1

35 VET PREFERENCE CODE (0 NONE, 1 5 PT, 2 10 PT)	36 SERV COMP DATE (MO DA YR)	37 LONG COMP DATE (MO DA YR)	38. CAREER CATEGORY (CAR, PROV, RESV, TEMP)	CODE	39 FEGLI / HEALTH INSURANCE CODE (0 - WAIVED, 1 - YES)	HEALTH INS CODE	40 SOCIAL SECURITY NO
1	05 24 44	11 08 49		C	1		126054970

41 PREVIOUS GOVERNMENT SERVICE DATA CODE (0 - NO PREVIOUS SERVICE, 1 - NO BREAK IN SERVICE, 2 - BREAK IN SERVICE LESS THAN 3 YRS, 3 - BREAK IN SERVICE MORE THAN 3 YRS)	42 LEAVE CAT CODE	43 FEDERAL TAX DATA FORM EXECUTED (1 - YES, 2 - NO)	CODE	NO TAX EXEMPTIONS	44 STATE TAX DATA FORM EXECUTED (1 - YES, 2 - NO)	CODE	NO TAX EXEMP	STATE CODE
1	8		1	M5		1	C	19

SIGNATURE OR OTHER AUTHENTICATION

POSTED
09-27 [illegible]

FORM 1150 Use Previous Edition

SECRET
(When Filled In)

14-00000

1. SERIAL NO	2. NAME	3. ORGANIZATION	4. FUNDS	5. LWOP HOURS
013842	HUNT E HOWARD	44 050	CF	

6. OLD SALARY RATE				7. NEW SALARY RATE				8. TYPE ACTION	
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	EFFECTIVE DATE	SI	ADJ
GS 15	7	$21,192	12/06/64	GS 15	8	$21,799	12/03/67		

CERTIFICATION AND AUTHENTICATION

I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.

SIGNATURE [signature] DATE 29 Nov. 1967

☐ NO EXCESS LWOP

☐ IN PAY STATUS AT END OF WAITING PERIOD

☐ LWOP STATUS AT END OF WAITING PERIOD

CLERKS INITIALS | AUDITED BY

FORM 7-66 560 E Use previous editions PAY CHANGE NOTIFICATION

SECRET

3 October 1966

MEMORANDUM FOR : Chief, TRB

SUBJECT : Verification of Contract Service for Howard E. Hunt

1. The following is a record of subject's contract service with the Agency:

Date	Action	Compensation
4 July 1965	Contract Employee	$19,880 per annum
10 October 1965	Salary Increase	$20,595 per annum
3 July 1966	Salary Increase	$21,192 per annum
17 September 1966	Contract Terminated	$21,192 per annum

2. All of above service is creditable for both leave and Civil Service Retirement purposes.

[signature]
Dow H. Luetscher
Chief, Contract Personnel Division

14-00000

SECRET

NOTIFICATION OF ESTABLISHMENT OF OFFICIAL COVER BACKSTOP

6 January 1967

TO: (Check) [X] CHIEF, PERSONNEL OPERATIONS DIVISION [ ] CHIEF, CONTRACT PERSONNEL DIVISION [X] CHIEF, OPERATING COMPONENT (For action) O/DDP	ESTABLISHED FOR HUNT, E. Howard
ATTN: DDP/Personnel	FILE NO. 1033
REF: Resignation Debriefing	ID CARD NO.
OFFICIAL COVER BACKSTOP ESTABLISHED Department of State	EMPLOYEE NO.

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

[X] **Block Records:** *(OPMEMO 20-800-11)*

a. Temporarily for ______ days, effective ______

b. Continuing, effective EOD

[X] **Submit Form 642 to change limitation category.** *(HHB 20-7)*

[X] **Ascertain that Army W-2 being issued.** *(HB 20-661-1)*

[X] **Submit Form 1322 for any change affecting this cover.** *(R 240-250)*

[X] **Submit Form 1323 for transferring cover responsibility.** *(R 240-250)*

[ ] **Concurred in issuance**

AGE [ ] NACS [ ] **Hospitalization card.**

COVER HISTORY
Oct 49 - Dec 50 HQS/OVERT
Dec 50 - Mar 53 MEXICO/STATE
Mar 53 - Jun 54 HQS/OVERT
Jun 54 - Oct 56 JAPAN/DAC
Dec 56 - Jul 60 URUGUAY/STATE
Jul 60 - Jul 65 HQS/DAC
Jul 65 - Sep 66 contractual employment O/DDP as consultant

James H. Franklin
/CD/sac CHIEF, OFFICIAL COVER CCS

DISTRIBUTION: Copy 1-POD, Copy 2-Operating Component, Copy 3-D/OS, Copy 4-OL/TELSVC, Copy 5-OP/BSD/IB, Copy 6-OCS/OPS, Copy 7-File

FORM 6-64 1551 USE PREVIOUS EDITIONS

SECRET

(13-20-43)

SECRET

REQUEST FOR PERSONNEL ACTION

DATE PREPARED: 11 January 1967

1 SERIAL NUMBER	2 NAME (Last-First-Middle)
013832	HUNT, E. HOWARD

3 NATURE OF PERSONNEL ACTION	4 EFFECTIVE DATE REQUESTED (MONTH / DAY / YEAR)	5 CATEGORY OF EMPLOYMENT
Reassignment & TRANSFER TO CONFIDENTIAL FUNDS	01 / 29 / 67	REGULAR

6 FUNDS	V TO V		V TO CF		7 COST CENTER NO. CHARGEABLE	8 LEGAL AUTHORITY (Completed by Office of Personnel)
		XX			7136-1184	
	CF TO V		CF TO CF			

9 ORGANIZATIONAL DESIGNATIONS	10 LOCATION OF OFFICIAL STATION
DDP/EUR SPECIAL ACTIVITIES STAFF	WASH, D.C.

11 POSITION TITLE	12 POSITION NUMBER	13 CAREER SERVICE DESIGNATION
OPS OF	2006	D

14 CLASSIFICATION SCHEDULE (GS, LB, etc.)	15 OCCUPATIONAL SERIES	16 GRADE AND STEP	17 SALARY OR RATE
GS	0136.01	15-7	$ 21,192

18 REMARKS

cc payroll

18A SIGNATURE OF REQUESTING OFFICIAL	DATE SIGNED	18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER	DATE SIGNED
Richard G. Westerman, CI/Personnel		[signature]	18 Jan 67

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19 ACTION CODE	20 EMPLOY CODE	21 OFFICE CODING NUMERIC	ALPHABETIC	22 STATION CODE	23 INTEGREE CODE	24 HOOTES CODE	25 DATE OF BIRTH MO / DA / YR	26 DATE OF GRADE MO / DA / YR	27 DATE OF LEI MO / DA / YR
30	10	4330	EUR	2613		1	10 / 09 / 18		

28 DATE EXPIRES MO / DA / YR	29 SPECIAL REFERENCE	30 RETIREMENT DATA 1—CSC 3—FICA 5—NONE / CODE	31 SEPARATION DATA CODE	32 CORRECTION CANCELLATION DATA TYPE / MO / DA / YR	EOD DATA	33 SECURITY REQ. NO	34 SEX

35 VET PREFERENCE CODE 0—NONE 1—5 PT 2—10 PT	36 SERV COMP DATE MO / DA / YR	37 LONG COMP DATE MO / DA / YR	38 CAREER CATEGORY CAR RESV PROV, TEMP / CODE	39 FEGLI, HEALTH INSURANCE CODE 0—WAIVED 1—YES / HEALTH INS CODE	40 SOCIAL SECURITY NO

41 PREVIOUS GOVERNMENT SERVICE DATA CODE 0—NO PREVIOUS SERVICE 1—NO BREAK IN SERVICE 2—BREAK IN SERVICE (LESS THAN 3 YEARS) 3—BREAK IN SERVICE MORE THAN 3 YEARS)	42 LEAVE CAT CODE	43 FEDERAL TAX DATA FORM EXECUTED 1—YES 2—NO / CODE / NO TAX EXEMPTIONS	44 STATE TAX DATA FORM EXECUTED 1—YES 2—NO / CODE / NO TAX EXEMP. / STATE CODE

45 POSITION CONTROL CERTIFICATION	46 O P APPROVAL	DATE APPROVED
FROM WE ... 67 WE	[signature]	1/23/67

14-00000

SECRET
(When Filled In)

BJT: 26 JAN 67

NOTIFICATION OF PERSONNEL ACTION

OCF

1. SERIAL NUMBER	2. NAME (LAST-FIRST-MIDDLE)
013842	HUNT E HOWARD

3. NATURE OF PERSONNEL ACTION	4. EFFECTIVE DATE (MO DA YR)	5. CATEGORY OF EMPLOYMENT
REASSIGNMENT AND TRANSFER TO CONFIDENTIAL FUNDS	01 29 67	REGULAR

6. FUNDS	V TO V		V TO CF	7. Financial Analysis No. Chargeable	8. CSC OR OTHER LEGAL AUTHORITY
	CF TO V	X	CF TO CF	7136 1184 0000	50 USC 403 J

9. ORGANIZATIONAL DESIGNATIONS	10. LOCATION OF OFFICIAL STATION
DDP/EUR SPECIAL ACTIVITIES STAFF	WASH., D.C.

11. POSITION TITLE	12. POSITION NUMBER	13. SERVICE DESIGNATION
OPS OFFICER	0006	D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
GS	0136.01	15 7	21192

18. REMARKS

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. Employ Code	21. OFFICE CODING (NUMERIC)	(ALPHABETIC)	22. STATION CODE	23. INTEGREE CODE	24. Hdqtrs Code	25. DATE OF BIRTH (MO DA YR)	26. DATE OF GRADE (MO DA YR)	27. DATE OF LEI (MO DA YR)
20	10	44050	EUR	75013		1	10 09 18		

28. NTE EXPIRES (MO DA YR)	29. SPECIAL REFERENCE	30. RETIREMENT DATA (1 - CSC, 2 - CA, 3 - FICA, 4 - NONE) CODE	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA (TYPE, MO DA YR)	EOD DATA	33. SECURITY REQ NO.	34. SEX

35. VET PREFERENCE (CODE; 0 - NONE, 1 - 5 PT, 2 - 10 PT)	36. SERV COMP DATE (MO DA YR)	37. LONG COMP DATE (MO DA YR)	38. CAREER CATEGORY (CAR, RES, PROV, TEMP) CODE	39. FEGLI / HEALTH INSURANCE (CODE: 0 - WAIVED, 1 - YES; HEALTH INS CODE)	40. SOCIAL SECURITY NO.

41. PREVIOUS CIVILIAN GOVERNMENT SERVICE (CODE: 0 - NO PREVIOUS SERVICE, 1 - NO BREAK IN SERVICE, 2 - BREAK IN SERVICE LESS THAN 3 YRS, 3 - BREAK IN SERVICE MORE THAN 3 YRS)	42. LEAVE CAT CODE	43. FEDERAL TAX DATA (FORM EXECUTED CODE: 1 - YES, 2 - NO; NO. TAX EXEMPTIONS)	44. STATE TAX DATA (FORM EXECUTED: 1 - YES, 2 - NO; CODE; NO TAX EXEMP; STATE CODE)

SIGNATURE OR OTHER AUTHENTICATION

FROM: WE

POSTED 6 7
[signature]

FORM 5-66 1150 Use Previous Edition

SECRET

GROUP 1 Excluded from automatic downgrading and declassification

(When Filled In)

B J T

14-00000

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED: 25 April 1967

1 SERIAL NUMBER	2 NAME (Last-First-Middle)
013842	HUNT, E. HOWARD

3 NATURE OF PERSONNEL ACTION	4 EFFECTIVE DATE REQUESTED (Month / Day / Year)	5 CATEGORY OF EMPLOYMENT
DESIGNATION AS A PARTICIPANT IN THE CIA RETIREMENT AND DISABILITY SYSTEM	05 / 07 / 67	REGULAR

6 FUNDS		V TO V		V TO CF	7 FINANCIAL ANALYSIS NO. CHARGEABLE	8 LEGAL AUTHORITY (Completed by Office of Personnel)
		CF TO V	X	CF TO CF	7136-1184	PL 88-643 Sect. 203

9 ORGANIZATIONAL DESIGNATIONS	10 LOCATION OF OFFICIAL STATION
DDP/WE EVR	WASHINGTON, D. C.

11 POSITION TITLE	12 POSITION NUMBER	13 CAREER SERVICE DESIGNATION
		D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.)	15 OCCUPATIONAL SERIES	16 GRADE AND STEP	17 SALARY OR RATE
		15	$

18 REMARKS

EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION.

18A SIGNATURE OF REQUESTING OFFICIAL	DATE SIGNED	18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER	DATE SIGNED

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19 ACTION CODE	20 EMPLOY CODE	21 OFFICE CODING (NUMERIC / ALPHABETIC)	22 STATION CODE	23 INTEGREE CODE	24 HQTRS CODE	25 DATE OF BIRTH (MO. DA. YR.)	26 DATE OF GRADE (MO. DA. YR.)	27 DATE OF LEI (MO. DA. YR.)

28 NTE EXPIRES (MO DA YR.)	29 SPECIAL REFERENCE	30 RETIREMENT DATA (1—CSC, 3—FICA, 5—NONE) CODE	31 SEPARATION DATA CODE	32 CORRECTION CANCELLATION DATA (TYPE, MO. DA. YR.)	EOD DATA	33 SECURITY REQ NO	34 SEX
		2					

35 VET PREFERENCE CODE (0—NONE, 1—5 PT, 2—10 PT)	36 SERV COMP DATE (MO. DA. YR.)	37 LONG COMP DATE (MO DA YR.)	38 CAREER CATEGORY (CAR RESV PROV/TEMP, CODE)	39 FEGLI HEALTH INSURANCE (CODE 0—WAIVED 1—YES; HEALTH INS CODE)	40 SOCIAL SECURITY NO

41 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE (0—NO PREVIOUS SERVICE, 1—NO BREAK IN SERVICE, 2—BREAK IN SERVICE (LESS THAN 3 YEARS), 3—BREAK IN SERVICE (MORE THAN 3 YEARS))	42 LEAVE CAT. CODE	43 FEDERAL TAX DATA (FORM EXECUTED 1—YES 2—NO, CODE, NO TAX EXEMPTIONS)	44 STATE TAX DATA (FORM EXECUTED 1—YES 2—NO, CODE, NO TAX EXEMP, STATE CODE)

45 POSITION CONTROL CERTIFICATION	46. O P APPROVAL	DATE APPROVED
	See memo signed by D/Pers dated 27 APR 1967	

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1 EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

14-00000

SECRET
(When Filled In)

BJT: 17 MAY 67

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER: 013842
2. NAME (LAST-FIRST-MIDDLE): HUNT E HOWARD
3. NATURE OF PERSONNEL ACTION: DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM
4. EFFECTIVE DATE (MO DA YR): 05 07 67
5. CATEGORY OF EMPLOYMENT: REGULAR
6. FUNDS: V TO V / V TO CF / CF TO V / X CF TO CF
7. Financial Analysis No. Chargeable: 7136 1184 0000
8. CSC OR OTHER LEGAL AUTHORITY: PL 88-643 SECT. 203
9. ORGANIZATIONAL DESIGNATIONS: DDP/EUR
10. LOCATION OF OFFICIAL STATION: WASH., D.C.
11. POSITION TITLE:
12. POSITION NUMBER:
13. SERVICE DESIGNATION: D
14. CLASSIFICATION SCHEDULE (GS, LB, etc.):
15. OCCUPATIONAL SERIES:
16. GRADE AND STEP: 15
17. SALARY OR RATE:
18. REMARKS: EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION.

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19 ACTION CODE | 20. Employ Code | 21. OFFICE CODING (NUMERIC, ALPHABETIC) | 22 STATION CODE | 23. INTEGREE CODE | 24. Hdqtrs Code | 25 DATE OF BIRTH (MO DA YR) | 26. DATE OF GRADE (MO DA YR) | 27 DATE OF LEI (MO DA YR)

28 NTE EXPIRES (MO DA YR) | 29. SPECIAL REFERENCE | 30 RETIREMENT DATA (1 - CSC, 2 - CIA, 3 - FICA, 4 - NONE) CODE: 2 | 31 SEPARATION DATA CODE | 32 CORRECTION/CANCELLATION DATA (TYPE, MO DA YR) | EOD DATA | 33 SECURITY REQ. NO. | 34. SEX

35 VET PREFERENCE (CODE: 0 - NONE, 1 - 5 PT, 2 - 10 PT) | 36 SERV COMP DATE (MO DA YR) | 37. LONG COMP DATE (MO DA YR) | 38 CAREER CATEGORY | 39 FEGLI / HEALTH INSURANCE (CODE; 0 - WAIVED, 1 - YES; HEALTH INS CODE) | 40 SOCIAL SECURITY NO

41 PREVIOUS CIVILIAN GOVERNMENT SERVICE (CODE: 0 - NO PREVIOUS SERVICE, 1 - NO BREAK IN SERVICE, 2 - BREAK IN SERVICE (LESS THAN 3 YRS), 3 - BREAK IN SERVICE (MORE THAN 3 YRS)) | 42 LEAVE CAT CODE | 43 FEDERAL TAX DATA (FORM EXECUTED 1 - YES 2 - NO; CODE; NO TAX EXEMPTIONS) | 44 STATE TAX DATA (FORM EXECUTED 1 - YES 2 - NO; CODE; NO TAX EXEMP; STATE CODE)

SIGNATURE OR OTHER AUTHENTICATION

E. NICHOLS

POSTED
5-18-68

FORM 1150 Use Previous Edition

SECRET

BJ

GROUP 1 Excluded from automatic downgrading and declassification

(When Filled In)

1 June 1967

MEMORANDUM FOR THE RECORD

SUBJECT: Mr. Howard Hunt

Mr. Hunt, on instructions of the Deputy Director for Plans, and with approvals from the DCI and the DDCI, was converted to contract employment and assigned to Spain for a special undertaking in behalf of the DD/P. He left for Spain in July 1965 and returned to the U. S. in June 1966 having completed his assignment successfully. If an evaluative comment is needed to cover his work during this period of time he should be rated as "strong".

Thomas H. Karamessines
Assistant Deputy Director for Plans

Orig & 1 - Director of Personnel
via C/EUR
1 - ADD/P

CONFIDENTIAL
(When Filled In)

Complete in original. The data recorded on this form is essential in determining travel expenses allowable in connection with leave at government expense, overseas duty, return to residence upon separation, and for providing current residence and dependency information required in the event of an employee emergency. This form will be filed in the employee's official personnel folder.

NAME OF EMPLOYEE (Last)	(First)	(Middle)	SOCIAL SECURITY NUMBER
HUNT	E.	Howard	

1. RESIDENCE DATA

PLACE OF RESIDENCE WHEN INITIALLY EMPLOYED BY AGENCY	LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)
Sarasota, Fla.	
~~PLACE IN~~ CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE: Potomac, Md.	HOME LEAVE RESIDENCE: 11120 River Rd. Potomac, Md. 20854

2. MARITAL STATUS (Check one)

SINGLE	MARRIED	SEPARATED	DIVORCED	WIDOWED	ANNULLED
	X				

IF MARRIED, PLACE OF MARRIAGE	DATE OF MARRIAGE
Millbrook, N.Y.	Sept. 7 1949
IF DIVORCED, PLACE OF DIVORCE DECREE	DATE OF DECREE
IF WIDOWED, PLACE SPOUSE DIED	DATE SPOUSE DIED

IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)

3. MEMBERS OF FAMILY

NAME OF SPOUSE	ADDRESS (No., Street, City, State, Zip Code)	TELEPHONE NO.	
Dorothy L. Hunt	11120 River Rd. Potomac, Md. 20854	299 7366	
NAMES OF CHILDREN	**ADDRESS**	**SEX**	**DATE OF BIRTH**
Lisa T.	11120 River Road, Potomac, Md.	F	~~22xxxx~~ 3/11/51
Kevan T.		F	27/11/52
Howard St. John	D	M	3/22/54
David A.	I TTO	M	8/1/65
NAME OF YOUR FATHER (Or male guardian)	ADDRESS	TELEPHONE NO.	
NAME OF YOUR MOTHER (Or female guardian)	ADDRESS	TELEPHONE NO.	

WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY. Wife and 3 elder children

4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

NAME [redacted]. Mrs., [redacted]) (Last-First-Middle)	RELATIONSHIP
[redacted] Hunt, Dorothy L.	wife
HOME ADDRESS (No. Street, City, State, Zip Code)	HOME TELEPHONE NUMBER
11120 River Rd. Potomac, Md. 20854	299 7366
BUSINESS ADDRESS (No., Street, City, State, Zip Code) AND NAME OF EMPLOYER, IF APPLICABLE	BUSINESS TELEPHONE & EXTENSION

Question	YES	NO
IS THE INDIVIDUAL NAMED ABOVE WITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.) Yes	X	
IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPABLE? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.)	X	
DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 6.)	X	

The persons named in item 3 above may also be notified in case of emergency. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.

CONTINUED ON REVERSE SIDE

CURRENT RESIDENCE AND DEPENDENCY REPORT

FORM 3-67 61 USE PREVIOUS EDITIONS. CONFIDENTIAL (4)

CONFIDENTIAL

5. VOLUNTARY ENTRIES	
Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.	
INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED. Riggs National Bank F&M Branch, Washington, DC Howard and/or Dorothy L. Hunt	
ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION?	[X] YES [ ] NO
IF YES, DO YOU HAVE A JOINT ACCOUNT?	[ ] YES [X] NO
HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? [X] YES [ ] NO. (If "Yes" where is document located?) in wife's possession	
HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS? [X] YES [ ] NO. (If "Yes" give name(s) and address) Wm. F. Buckley, Jr. Stamford, Conn.	
HAVE YOU EXECUTED A POWER OF ATTORNEY? [ ] YES [X] NO. (If "Yes", who possess the power of attorney?)	

6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS
Daughter Lisa T. Hunt is presently hospitalized. Notofication should <u>not</u> be made to her.

SIGNED AT	DATE	SIGNATURE
Langley, Va.	25 June 1963	E. Howard Hunt

CONFIDENTIAL

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED: 30 JULY 1968

1. SERIAL NUMBER: 013842
2. NAME (Last-First-Middle): HUNT, E. HOWARD
3. NATURE OF PERSONNEL ACTION: REASSIGNMENT
4. EFFECTIVE DATE REQUESTED: MONTH 08 DAY 07 YEAR 68
5. CATEGORY OF EMPLOYMENT: REGULAR
6. FUNDS: V TO V / V TO CF / CF TO V / XX CF TO CF
7. FINANCIAL ANALYSIS NO CHARGEABLE: 9136 1184
8. LEGAL AUTHORITY (Completed by Office of Personnel)
9. ORGANIZATIONAL DESIGNATIONS: DDP/EUR ~~[illegible]~~ OPERATIONS STAFF
10. LOCATION OF OFFICIAL STATION: WASH., D.C.
11. POSITION TITLE: OPS OFFICER (15)
12. POSITION NUMBER: 0012
13. CAREER SERVICE DESIGNATION: D
14. CLASSIFICATION SCHEDULE (GS, LB, etc.): GS
15. OCCUPATIONAL SERIES: 0136.01
16. GRADE AND STEP: 15 ~~4~~ 8
17. SALARY OR RATE: ~~$23,738~~ 24,393

18. REMARKS:

VICE: W. DIETRICH

FROM EUR/SAS/#0006

18A. SIGNATURE OF REQUESTING OFFICIAL: WILLFORD C. TAYLOR, C/E/PERS — DATE SIGNED: 8/1/68

18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER: Paul M. [illegible] — DATE SIGNED: 5 Aug 68

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING NUMERIC	ALPHABETIC	22. STATION CODE	23. INTEGREE CODE	24. HOOTRS CODE	25. DATE OF BIRTH MO. DA. YR.	26. DATE OF GRADE	27. DATE OF LEI
37	10	44100	EUR	75213		1	10 09 18		

28. NTE EXPIRES; 29. SPECIAL REFERENCE; 30. RETIREMENT DATA (1—CSC, 2—ORGN, 3—FICA, 5—NONE); 31. SEPARATION DATA CODE; 32. CORRECTION/CANCELLATION DATA; EOD DATA; 33. SECURITY REQ NO.; 34. SEX

35. VET PREFERENCE (0—NONE, 1—5 PT, 2—10 PT); 36. SERV COMP. DATE; 37. LONG. COMP DATE; 38. CAREER CATEGORY; 39. FEGLI, HEALTH INSURANCE (0—WAIVED, 1—YES); 40. SOCIAL SECURITY NO

41. PREVIOUS CIVILIAN GOVERNMENT SERVICE (0—NO PREVIOUS SERVICE; 1—NO BREAK IN SERVICE; 2—BREAK IN SERVICE (LESS THAN 3 YEARS); 3—BREAK IN SERVICE (MORE THAN 3 YEARS)); 42. LEAVE CAT CODE; 43. FEDERAL TAX DATA; 44. STATE TAX DATA

45. POSITION CONTROL CERTIFICATION: 8-7-68 [illegible]

46. O.P. APPROVAL: [illegible]

DATE APPROV

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1 EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

SECRET
(When Filled In)

PLW: 13 AUG 68

NOTIFICATION OF PERSONNEL ACTION

OCF

1. SERIAL NUMBER	2. NAME (LAST-FIRST-MIDDLE)
013842	HUNT E HOWARD

3. NATURE OF PERSONNEL ACTION	4. EFFECTIVE DATE (MO DA YR)	5. CATEGORY OF EMPLOYMENT
REASSIGNMENT	03 07 68	REGULAR

6. FUNDS	V TO V	V TO CF	CF TO V	CF TO CF	7. Financial Analysis No. Chargeable	8. CSC OR OTHER LEGAL AUTHORITY
			X		9136 1154 0000	50 USC 403 J

9. ORGANIZATIONAL DESIGNATIONS	10. LOCATION OF OFFICIAL STATION
DDP/EUR OPERATIONS STAFF	WASH., D.C.

11. POSITION TITLE	12. POSITION NUMBER	13. SERVICE DESIGNATION
OPS OFFICER	0012	D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
GS	0136.01	15 6	24393

18. REMARKS

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19 ACTION CODE	20 Employ Code	21 OFFICE CODING (NUMERIC)	(ALPHABETIC)	22 STATION CODE	23 INTEGREE CODE	24 Hdqtrs Code	25 DATE OF BIRTH (MO DA YR)	26 DATE OF GRADE (MO DA YR)	27 DATE OF LEI (MO DA YR)
37	10	44166	EUR	73013		1	10 08 12		

28 NTE EXPIRES (MO DA YR)	29 SPECIAL REFERENCE	30 RETIREMENT DATA (1 CSC, 2 CIA, 3 FICA, 4 NONE) CODE	31 SEPARATION DATA CODE	32 Correction/Cancellation Data (TYPE, MO DA YR)	EOD DATA	33 SECURITY REQ NO	34 SEX

35 VET PREFERENCE (CODE; 0 NONE, 1 5 PT, 2 10 PT)	36 SERV. COMP. DATE (MO DA YR)	37 LONG. COMP. DATE (MO DA YR)	38 CAREER CATEGORY (CAR, RESV, PROV, TEMP; CODE)	39 FEGLI - HEALTH INSURANCE (CODE; 0 WAIVED, 1 YES; HEALTH INS. CODE)	40 SOCIAL SECURITY NO

41 PREVIOUS CIVILIAN GOVERNMENT SERVICE (CODE; 0 NO PREVIOUS SERVICE, 1 NO BREAK IN SERVICE, 2 BREAK IN SERVICE (LESS THAN 3 YRS.), 3 BREAK IN SERVICE (MORE THAN 3 YRS.))	42 LEAVE CAT CODE	43 FEDERAL TAX DATA (FORM EXECUTED 1 YES 2 NO; CODE; NO. TAX EXEMPTIONS)	44 STATE TAX DATA (FORM EXECUTED 1 YES 2 NO; CODE; NO. TAX EXEMP; STATE CODE)

SIGNATURE OR OTHER AUTHENTICATION

POSTED
mpm 8/16/68

FORM 5-66 1150 Mfg. 10-67 Use Previous Edition

SECRET PLW

Excluded from automatic downgrading and declassification

(When Filled In)

7 March 1969

MEMORANDUM FOR: E. Howard Hunt, DDP/EUR/CA

SUBJECT : Service Computation Date

In your memo of 24 February 1969 to the Director of Personnel you requested a classification of your Service Computation Date, since various records had indicated three different dates. The date should be 7 September 1944.

This date reflects the following service:

Economic Cooperation Administration-

17 May 1948 - 08 June 1948 22 days

Foreign Service-

09 June 1948 - 19 February 1949 - 08 mo., 11 days

U.S. Naval Reserve-

19 August 1940 - 13 October 1942 02 yr., 1 mo., 25 days

U.S. Army-

06 October 1943 - 08 January 1946 02 yr., 3 mo., 3 days

Agency (Staff and Contract)-

08 November 1949 to Present

Total non-Agency time amounts to 5 years, 2 months and 1 day. When this time is subtracted from your Agency EOD date the result is 7 September 1944.

The confusion has resulted from conflicting dates arrived at in previous attempts at classification.

SECRET

This office is charged with arriving at SCD's for leave purposes. Prior to your retirement the Retirement Operations Branch will obtain records from the Civil Service Commission verifying that service which is creditable for retirement purposes.

In this regard let me point out that the date which we have just verified contains a period of service that is potentially creditable for retirement. Your military records show an enlistment in the Army as 6 October 1943. However the form later states active duty from 22 November 1943 to 8 January 1946. If you have any questions regarding the computation please call me on X7165. Questions regarding creditable service for retirement purposes can be referred to Murray Benthall on X3257.

John T. McCann
Chief, Transactions & Records Branch

Distribution:
Orig.&1-Addressee
1-TRB Chrono

SECRET

30 April 1969.

MEMORANDUM IN LIEU OF FITNESS REPORT

SUBJECT : Howard E. Hunt, GS-15, Employee Number 015842, DOB: October 1918; EUR/CA; Career; Service Designation: D.

PERIOD UNDER REVIEW : 22 June 1968 - 31 March 19689

MONTHS UNDER MY SUPERVISION: 7

OVER-ALL RATING : Strong

1. Mr. Hunt took on his present duties as EUR/CA in July 1968. His performance in this position has been consistently Strong.

2. From the period of his previous assignment to EUR's Special Activities Staff, Mr. Hunt has made a substantial contribution to the refinement and recasting of CA operational concepts which has been underway in the Division since the termination over the past two years of many long established projects. He has a fine political sense and a sound grasp of European realities and evolutions. While concerned with the role and methods of political action, his mind is essentially operational, imaginative, and perhaps at its happiest in the recognition of opportunities and the stimulation of specific action in the field. In both these areas he has shown a power of original thought, persuasiveness in presenting his views, and persistance and vigor in helping get action underway.

3. There are three primary areas in which Mr. Hunt has played an important role in the Division's business. The first is in providing consistent staff assistance to Branches and Stations in the conduct of on-going CA action, and the modification and relocation of certain activities of concern to the Senior Staff and other divisions. He has brought to this work a balanced view of Division and Senior Staff equities, an excellent awareness of realities in the field and of the practical limits imposed by the field priorities, manpower, and the requirements of security.

SECRET

4. Secondly, Mr. Hunt has carried with him from SAS a continuing participation in the work of that staff in its two aspects: the countering of Soviet political action and a reawakened and redefined concern with Communist Party operations. He has contributed to the definition of these interests and worked closely with the Branches in identifying opportunities. Neither of these areas are of a nature that has made for prompt common understanding between Headquarters and the field. Mr. Hunt's TDY's have been of major assistance in furthering this understanding.

5. Thirdly, Mr. Hunt has assumed a particularly important role in responding to requirements for memoranda, studies and suggestions which the Division has been asked to produce since the beginning of a new national Administration in January. Intimately coupled with this is direct support to the Chief of the Division in the latter's participation in the Interdepartmental Group, and the analyses and studies which have derived from that participation.

6. In all these duties, Mr. Hunt's performance has reflected sagacity, balance, and imagination. He has had, to his credit, the advantage of excellent give and take with the Division's branches and a sound knowledge of branch people and capacities. He has drawn with equal effectiveness upon a broad range of personal associations in other divisions and senior staffs, and upon a deep experience of the mechanics, nuances and occasional delicacies of getting business done at Headquarters.

7. In summary, Mr. Hunt's has been the performance of a very competent, tough-minded senior professional in a period which has somewhat changed the nature of the CA officer's duties within the Division.

Edward Fenimore
Chief of Operations
European Division

I certify that I have seen the above fitness report.

Date: 5/5/69

14-00000

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP

DATE: 14 January 1970

FILE NUMBER: 1088

EMPLOYEE NUMBER: 013842

ID CARD NUMBER:

TO: (Check)
- (X) CHIEF, RECORDS AND CONTROL
- CHIEF, CONTRACT PERSONNEL DIVISION
- X CHIEF, OPERATING COMPONENT (For action) EUR

ATTN: CHIEF SUPPORT STAFF

REF: FORM: 1413

SUBJECT: HUNT, E. HOWARD

OFFICIAL COVER: BACKSTOP ESTABLISHED / X DISCONTINUED

UNIT: DEPARTMENT OF STATE

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS (OPM 20-800-11)	X CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS (OPM 20-800-11)
A. TEMPORARILY FOR ______ DAYS EFFECTIVE DATE COB ______ B. CONTINUING AS OF COB	DATE XXXXXXX FROM EOD
SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HHB 20-7)	NA SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HHB 20-7)
ASCERTAIN THAT ______ W-2 BEING ISSUED. (HHB 20-11)	NA RETURN ALL OFFICIAL DOCUMENTATION TO CCS.
SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR-240-2e)	DO NOT WRITE IN THIS BLOCK - FOR CCS INTERNAL USE ONLY
SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR-240-2e)	
SUBMIT FORM 2688 [X] FOR HOSPITALIZATION CARD	

REMARKS AND/OR COVER HISTORY

COVER HISTORY:

NOV 49	- DEC 50	HQS/OVERT
DEC 50	- MAR 53	MEXICO/STATE INT
MAR 53	- JAN 54	HQS/OVERT
JAN 54	- OCT 56	JAPAN/DAC
OCT 56	- JAN 57	HQS/OVERT
JAN 57	- JUN 60	URUGUAY/STATE INT
JUL 60	- JUL 65	HQS/OVERT
JUL 65	- SEP 66	HQS/OVERT
SEP 66	- PRESENT	HQS/STATE NOM

DISTRIBUTION: COPY 1 - R&D
COPY 2 - OPERATING COMPONENT
COPY 3 - D/OS
COPY 4 - OL/TELSVC
COPY 5 - CCS - CHRONO
COPY 6 - CCS - FILE

JC/sl

CHIEF, OFFICIAL COVER, CENTRAL COVER STAFF

1551 USE PREVIOUS EDITION

SECRET

14-00000

SECRET

REQUEST FOR PERSONNEL ACTION

DATE PREPARED: 19 Jan 70

1 SERIAL NUMBER	2 NAME (Last-First-Middle)
013842	HUNT, E. HOWARD

3 NATURE OF PERSONNEL ACTION	4 EFFECTIVE DATE REQUESTED (MONTH / DAY / YEAR)	5 CATEGORY OF EMPLOYMENT
TRANSFER TO VOUCHERED FUNDS	01 / 11 / 70	REGULAR

6 FUNDS		V TO V		V TO CF	7 FINANCIAL ANALYSIS NO. CHARGEABLE	8 LEGAL AUTHORITY (Completed by Office of Personnel)
	XX	CF TO V		CF TO CF	0236 1184	

9 ORGANIZATIONAL DESIGNATIONS	10 LOCATION OF OFFICIAL STATION
DDP/EUR OPERATIONS STAFF	WASH., D.C.

11 POSITION TITLE	12 POSITION NUMBER	13 CAREER SERVICE DESIGNATION
OPS OFFICER	0012	D

14 CLASSIFICATION SCHEDULE (GS, LB, etc.)	15 OCCUPATIONAL SERIES	16 GRADE AND STEP	17 SALARY OR RATE
GS	0136.01	15 8	$ 26,629

18 REMARKS

Effective date of 11 Jan 70 must remain in order for Subject to be eligible for Blue Cross Hospitalization.

CF: PAYROLL

18A SIGNATURE OF REQUESTING OFFICIAL	DATE SIGNED	18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER	DATE SIGNED
MILLFORD C. TAYLOR, C/E/Pers	1/19/70	[signature]	1-19-70

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19 ACTION CODE	20 EMPLOY CODE	21 OFFICE CODING NUMERIC	ALPHABETIC	22 STATION CODE	23 INTEGREE CODE	24 HOURS CODE	25 DATE OF BIRTH MO DA YR	26 DATE OF GRADE MO DA YR	27 DATE OF LEI MO DA YR
16	10	41.61	... V713			1	10 09 18		

28 NTE EXPIRES MO DA YR	29 SPECIAL REFERENCE	30 RETIREMENT DATA (1—CSC, 2—CIGRA, 3—FICA, 5—NONE) CODE	31 SEPARATION DATA CODE	32 CORRECTION, CANCELLATION DATA TYPE MO DA YR	EOD DATA	33 SECURITY RTQ NO	34 SEX

35 VET PREFERENCE CODE (0—NONE, 1—5 PT, 2—10 PT)	36 SERV COMP DATE MO DA YR	37 LONG COMP DATE MO DA YR	38 CAREER CATEGORY (CAR RESV PROV TEMP) CODE	39 FEGLI/HEALTH INSURANCE CODE (0—WAIVED, 1—YES) HEALTH INS CODE	40 SOCIAL SECURITY NO

41 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE (0—NO PREVIOUS SERVICE, 1—NO BREAK IN SERVICE, 2—BREAK IN SERVICE (LESS THAN 3 YEARS), 3—BREAK IN SERVICE (MORE THAN 3 YEARS))	42 LEAVE CAT CODE	43 FEDERAL TAX DATA FORM EXECUTED (1—YES 2—NO) CODE NO TAX EXEMPTIONS	44 STATE TAX DATA FORM EXECUTED (1—YES 2—NO) CODE NO TAX EXEMP. STATE CODE

45 POSITION CONTROL CERTIFICATION	46 OP APPROVAL	DATE APPROVED
1-20-70 mw	W Hart	1/23/70

FORM 3-67 1152 USE PREVIOUS EDITION

SECRET

GROUP 1 EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

14-00000

SECRET
(When Filled In)

CCF

NOTIFICATION OF PERSONNEL ACTION

1 SERIAL NUMBER	2 NAME (LAST-FIRST-MIDDLE)
013142	HUNT E HOWARD

3 NATURE OF PERSONNEL ACTION	4 EFFECTIVE DATE (MO. DA. YR)	5 CATEGORY OF EMPLOYMENT
TRANSFER TO VOUCHERED FUNDS	01 11 70	REGULAR

6 FUNDS		V TO V		V TO CF	7 Financial Analysis No. Chargeable	8 CSC OR OTHER LEGAL AUTHORITY
	X	CF TO V		CF TO CF	0233 1104 0000	50 USC 403 J

9 ORGANIZATIONAL DESIGNATIONS	10 LOCATION OF OFFICIAL STATION
DDP/EUR OPERATIONS STAFF	WASH., D.C.

11 POSITION TITLE	12 POSITION NUMBER	13 SERVICE DESIGNATION
OPS OFFICER	0012	D

14 CLASSIFICATION SCHEDULE (GS, LB, etc.)	15 OCCUPATIONAL SERIES	16 GRADE AND STEP	17 SALARY OR RATE
GS	0136.01	15	26320

18 REMARKS

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19 ACTION CODE	20 Employ Code	21 OFFICE CODING (NUMERIC / ALPHABETIC)	22 STATION CODE	23 INTEGREE CODE	24 Hdqrs Code	25 DATE OF BIRTH (MO DA YR)	26 DATE OF GRADE (MO DA YR)	27 DATE OF LEI (MO DA YR)
16	10	44100 EUR	75013		1	10 [illegible] 1[illegible]		

28 NTE EXPIRES (MO DA YR)	29 SPECIAL REFERENCE	30 RETIREMENT DATA (1 CSC, 2 CIA, 3 FICA, 5 NONE) / CODE	31 SEPARATION DATA CODE	32 Correction / Cancellation Data (TYPE, MO DA YR)	EOD DATA	33 SECURITY REQ NO	34 SEX

35 VET PREFERENCE (CODE: 0 NONE, 1 5 PT, 2 10 PT)	36 SERV COMP DATE (MO DA YR)	37 LONG COMP DATE (MO DA YR)	38 CAREER CATEGORY (CAR, RESV, PROV, TEMP / CODE)	39 FEGLI - HEALTH INSURANCE (CODE: 0 WAIVER, 1 YES; HEALTH INS CODE)	40 SOCIAL SECURITY NO

41 PREVIOUS CIVILIAN GOVERNMENT SERVICE (CODE: 0 NO PREVIOUS SERVICE, 1 NO BREAK IN SERVICE, 2 BREAK IN SERVICE LESS THAN 3 YRS, 3 BREAK IN SERVICE MORE THAN 3 YRS)	42 LEAVE CAT CODE	43 FEDERAL TAX DATA (FORM EXECUTED 1 YES 2 NO; CODE; NO TAX EXEMPTIONS)	44 STATE TAX DATA (FORM EXECUTED 1 YES 2 NO; CODE; NO TAX EXEMP; STATE CODE)

SIGNATURE OR OTHER AUTHENTICATION

POSTED 1-22-70 DB

FORM 5-66 1150 Mfg 10-67 Use Previous Edition

SECRET

JBC

GROUP 1 Excluded from automatic downgrading and declassification

(When Filled In)

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTION 212 OF PL 90-206 AND EXECUTIVE ORDER 11474 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962".

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 JULY 1969

NAME	SERIAL	ORGN, FUNDS	GR-STEP	NEW SALARY
HUNT E HOWARD	013842	44 100 CF	GS 15 8	$25,629

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 90-206 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 8 OCTOBER 1967

NAME	SERIAL	ORGN, FUNDS	GR-STEP	OLD SALARY	NEW SALARY
HUNT E HOWARD	013842	44 050 CF	GS 15 7	$21,192	$22,082

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTIONS 212 AND 215 OF PL 90-206 AND EXECUTIVE ORDER 11413 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 14 JULY 1968

14-00000

SECRET
(When Filled In)

JEC: 29 APR 70

NOTIFICATION OF PERSONNEL ACTION

CEF

1. SERIAL NUMBER	2. NAME (LAST-FIRST-MIDDLE)
013842	HUNT E HOWARD

3. NATURE OF PERSONNEL ACTION	4. EFFECTIVE DATE (MO DA YR)	5. CATEGORY OF EMPLOYMENT
RETIREMENT VOLUNTARY UNDER CIA RETIREMENT AND DISABILITY SYSTEM	04 30 70	REGULAR

6. FUNDS		V TO V		V TO CF	7. Financial Analysis No. Chargeable	8. CSC OR OTHER LEGAL AUTHORITY
	X	CF TO V		CF TO CF	0236 1184 0000	P.L. 88-643 SECT. 233

9. ORGANIZATIONAL DESIGNATIONS	10. LOCATION OF OFFICIAL STATION
DDP/EUR OPERATIONS STAFF	WASH., D.C.

11. POSITION TITLE	12. POSITION NUMBER	13. SERVICE DESIGNATION
OPS OFFICER	0012	D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
GS	0136.01	15 8	28226

18. REMARKS

---

1. LAST NAME	FIRST NAME	INITIAL(S)	2. APPOINTMENT DATA	3. TOTAL SERVICE FOR LEAVE (as of date of separation)
HUNT	E	HOWARD	Entered on duty 5/15/48; F.T. X; P.T.	Years 25; Months 7; Days 23

4. DATE AND NATURE OF SEPARATION: RETIREMENT VOLUNTARY CIARDS 4/30/70

Subject to Sec. 203(d), 1951 Leave Act: Yes [ ] No [ ]
Ceased to be subject to Sec. 203(d) on ______ Annual Leave Bal ______
[X] More than 15 years

SUMMARY OF ANNUAL AND SICK LEAVE (HOURS)

	Annual	Sick
5. Balance from prior leave year ended 1/10 1970	300	745
6. Current leave year accrual through 4/18 1970	56	28
7. Total	356	773
8. Reduction in credits, if any (current year)	0	0
9. Total leave taken	44	36
10. Balance	312	~~737~~ -0-*

11. Total hours paid in lump sum 300 HRS + 1 HOL.
12. Salary rate(s) 28,226
13. Lump sum leave dates From 0830, 5/1/70 to 6/24/70 — 1230 (Hours)

Certified correct by (Signature) [signature] 5/18/70 (Date)
for Chief Payroll (Title) — 143-2585 (Telephone)

SUMMARY OF HOME LEAVE (DAYS)

14. Date arrival abroad for HL purposes ______
15. Current balance as of ______ 19 ____
16. 12 month accrual rate ______
17. Dates leave used, prior 24 months ______
18. Monthly accrual date ______
19. Calendar days credit for next accrual date ______
20. Date basic service period completed ______

MILITARY LEAVE

21. Dates during current calendar yr ______ to ______
22. Dates during preceding calendar yr ______ to ______

ABSENCE WITHOUT PAY

	LWOP or AWOL or Furlough, Suspension (Hours)
23. During leave year in which separated	0
24. During step increase waiting period which began on 12/3/67	0
25. During 12 month HL accrual period (dates)	

REMARKS

SCD: 9/7/44

*S/L TRANS. TO CSC

Standard Form 1150
November 1965
1150-106

RECORD OF LEAVE DATA TRANSFERRED

U.S. CIVIL SERVICE COMMISSION
FPM SUPPLEMENTS 296-31 AND 990-2

(When Filled In)

14-00000

SECRET

21 APR 1970 70-2034

MEMORANDUM FOR : Director of Central Intelligence

SUBJECT : Request for Voluntary Retirement
E. Howard Hunt

1. This memorandum submits a recommendation for your approval; this recommendation is contained in paragraph 4.

2. Mr. E. Howard Hunt, GS-15, Operations Officer, European Division, Clandestine Service, has applied for voluntary retirement under the provisions of Headquarters Regulation 20-50j, to be effective 30 April 1970.

3. Mr. Hunt has been designated a participant in the CIA Retirement and Disability System and meets the technical requirements for voluntary retirement under the System. He is 51 years old with over 25 years of Federal service. This service includes over 20 years with the Agency of which more than 10 years were in qualifying service overseas. The Head of the Clandestine Service Career Service has recommended that his application for voluntary retirement be approved. I endorse this recommendation.

4. It is recommended that you approve the voluntary retirement of Mr. E. Howard Hunt under the provisions of Headquarters Regulation 20-50j.

/s/ Robert S. Wattles

Robert S. Wattles
Director of Personnel

The recommendation contained in paragraph 4 is approved:

/s/ Richard Helms

Director of Central Intelligence

2 APR 1970
Date

SECRET

14-00000

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED: 21 APRIL 1970

1 SERIAL NUMBER: 013842

2 NAME (Last-First-Middle): HUNT, E. HOWARD

3 NATURE OF PERSONNEL ACTION: RETIREMENT (VOLUNTARY) UNDER THE CIA RETIREMENT AND DISABILITY SYSTEM

4 EFFECTIVE DATE REQUESTED: MONTH 04 | COB 30 | YEAR 70

5 CATEGORY OF EMPLOYMENT: REGULAR

6 FUNDS: X V TO V | V TO CF | CF TO V | CF TO CF

7 FINANCIAL ANALYSIS NO. CHARGEABLE: 0236-1184

8 LEGAL AUTHORITY (Completed by Office of Personnel): P.L. 88-643 Sect. 233

9 ORGANIZATIONAL DESIGNATIONS: DDP/EUR OPERATIONS STAFF

10 LOCATION OF OFFICIAL STATION: WASHINGTON, D.C.

11 POSITION TITLE: OPS OFFICER (15)

12 POSITION NUMBER: 0012

13 CAREER SERVICE DESIGNATION: D

14 CLASSIFICATION SCHEDULE (GS, LB, etc.): GS

15 OCCUPATIONAL SERIES: 0136.01

16 GRADE AND STEP: 15 8

17 SALARY OR RATE: $ ~~26,620~~ 28226

18 REMARKS

cc: SECURITY
cc: PAYROLL

Recommended for Agency Reserve program in ...

[signature] CSPS 4/27/70

1152 delivered w/ B. Morris, ROB, 4/29/70.

18A SIGNATURE OF REQUESTING OFFICIAL: [signature] WILLFORD C. TAYLOR, C/E/Pers — DATE SIGNED: 4/27/70

18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER: [signature] — DATE SIGNED: 4-27

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19 ACTION CODE	20 EMPLOY CODE	21 OFFICE CODING (NUMERIC / ALPHABETIC)	22 STATION CODE	23 INTEGREE CODE	24 HOURS CODE	25 DATE OF BIRTH (MO DA YR)	26 DATE OF GRADE (MO DA YR)	27 DATE OF LEI (MO DA YR)
45	10				1	10 09 18		

28 NTE EXPIRES (MO DA YR)	29 SPECIAL REFERENCE	30 RETIREMENT DATA (1—CSC 2—OTHER 3—FICA 5—NONE) CODE	31 SEPARATION DATA CODE	32 CORRECTION CANCELLATION DATA (TYPE MO DA YR)	EOD DATA	33 SECURITY REQ NO	34 SEX
			C, BJ, CC, CO.				

35 VET PREFERENCE (CODE 0—NONE 1—5 PT 2—10 PT)	36 SERV COMP DATE (MO DA YR)	37 LONG COMP DATE (MO DA YR)	38 CAREER CATEGORY (CAR RESV PROV TEMP / CODE)	39 FEGLI, HEALTH INSURANCE (CODE 0—WAIVED 1—YES / HEALTH INS CODE)	40 SOCIAL SECURITY NO

41 PREVIOUS CIVILIAN GOVERNMENT SERVICE (CODE 0—NO PREVIOUS SERVICE 1—NO BREAK IN SERVICE 2—BREAK IN SERVICE (LESS THAN 3 YEARS) 3—BREAK IN SERVICE (MORE THAN 3 YEARS))	42 LEAVE CAT CODE	43 FEDERAL TAX DATA (FORM EXECUTED 1—YES 2—NO / CODE / NO TAX EXEMPTIONS)	44 STATE TAX DATA (FORM EXECUTED 1—YES 2—NO / CODE / NO TAX EXEMP / STATE CODE)

45 POSITION CONTROL CERTIFICATION: 4-29-70 [initials]

46 O.P. APPROVAL: [signature]

DATE APPROVED: 4/29/70

FORM 3-67 1152 USE PREVIOUS EDITION

SECRET

GROUP 1 Excluded from automatic downgrading and declassification

14-00000

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP

DATE: April 23, 1970

FILE NUMBER: 1088

EMPLOYEE NUMBER:

ID CARD NUMBER:

TO: (Check)

(x)	CHIEF, RECORDS AND CONTROL
	CHIEF, CONTRACT PERSONNEL DIVISION
x	CHIEF, OPERATING COMPONENT (For action) EUR

ATTN: Chief Support Staff

REF: Retirement Debriefing

OFFICIAL COVER: BACKSTOP ESTABLISHED [ ] / DISCONTINUED [x]

SUBJECT: HUNT, E. Howard

UNIT: Department of State

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS (OPM 20-800-11)	x CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS (OPM 20-800-11)
A. TEMPORARILY FOR ______ DAYS EFFECTIVE DATE COB ______ B. CONTINUING AS OF COB	DATE XXXXXXX From EOD
SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HHB 20-7)	NA SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HHB 20-7)
ASCERTAIN THAT ______ W-2 BEING ISSUED (HHB 20-11)	NA RETURN ALL OFFICIAL DOCUMENTATION TO CCS.
SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR-240-2e)	DO NOT WRITE IN THIS BLOCK - FOR CCS INTERNAL USE ONLY
SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY (HR-240-2e)	
SUBMIT FORM 2688 [X] FOR HOSPITALIZATION CARD	

REMARKS AND/OR COVER HISTORY

Cover History:

NOV 49 - DEC 50 HQS/OVERT
DEC 50 - MAR 53 MEXICO/STATE INT
MAR 53 - JAN 54 HQS/OVERT
JAN 54 - OCT 56 JAPAN/DAC NOM
OCT 56 - JAN 57 HQS/OVERT
JAN 57 - JUN 60 URUGUAY/STATE INT
JUL 60 - JUL 65 HQS/OVERT
JUL 65 - SEP 66 HQS/OVERT
SEP 66 - Present HQS/STATE NOM

DISTRIBUTION: COPY 1 - RCO
COPY 2 - OPERATING COMPONENT
COPY 3 - D/OS
COPY 4 - OL/TELSVC
COPY 5 - CCS - CHRONO
COPY 6 - CCS - FILE

CD/sl

[signature] James H. Franklin
CHIEF, OFFICIAL COVER, CENTRAL COVER STAFF

1551 USE PREVIOUS EDITION

SECRET

(13-20-43)

14-00000

JSC: 29 APR 70

NOTIFICATION OF PERSONNEL ACTION

OEF

1. SERIAL NUMBER	2. NAME (LAST-FIRST-MIDDLE)
013842	HUNT E HOWARD

3. NATURE OF PERSONNEL ACTION	4. EFFECTIVE DATE	5. CATEGORY OF EMPLOYMENT
RETIREMENT VOLUNTARY UNDER CIA RETIREMENT AND DISABILITY SYSTEM	COB 04 30 70	REGULAR

6. FUNDS	V TO V	V TO CF	7. Financial Analysis No. Chargeable	8. CSC OR OTHER LEGAL AUTHORITY
X	CF TO V	CF TO CF	0236 1184 0000	P.L. 88-643 SECT. 233

9. ORGANIZATIONAL DESIGNATIONS	10. LOCATION OF OFFICIAL STATION

11. POSITION TITLE	12. POSITION NUMBER	13. SERVICE DESIGNATION
OPS OFFICER	0012	D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
GS	0136.01	15 8	28228

18. REMARKS

SIGNATURE OR OTHER AUTHENTICATION

FORM 1150 5-66 Use Previous Edition (4-51)

14-00000

SECRET

1 MAY 1970

MEMORANDUM FOR : Mr. E. Howard Hunt

THROUGH : Head of CS Career Service

SUBJECT : Notification of Approval of Request for Voluntary Retirement

1. I am pleased to inform you that your request for voluntary retirement under the CIA Retirement and Disability System has been approved by the Director of Central Intelligence.

2. Your retirement will become effective 30 April 1970. Your annuity will commence as of 1 May 1970 and is payable on 1 June 1970. You may be assured that every effort will be made to expedite delivery of your first check following completion of the administrative processing required to effect your retirement.

3. You will receive a lump-sum payment for your accrued annual leave up to 30 days or for whatever amount of leave credit you carried over from the last leave year if that amount is more than 30 days.

/s/ H. B. Fisher
Robert S. Wattles
Director of Personnel

Distribution:
0 - Addressee
1 - D/Pers
1 - OPF
1 - ROB Reader
1 - ROB Soft File

OP/RAD/ROB/DEMorris:jat/3257 (30 April 1970)

SECRET

Excluded from automatic downgrading

14-00000

70-1825

[illegible] Registry
70-3291

Mr. E. Howard Hunt
11120 River Road
Potomac, Maryland 20854

6 MAY 1970

Dear Howard:

As you reach the end of your active career of Government service, I want to join your friends and colleagues in wishing you continued success and satisfaction in your retirement.

You have every reason to feel great pride and satisfaction in your accomplishments. Your record of service is both example and goal for the young people who are now just beginning their careers in intelligence.

May I extend to you, personally and officially, my sincere appreciation for the important work you have done and my warmest hopes that you will find full enjoyment in the years ahead.

Sincerely,

Dick
/s/ Richard Helms

Richard Helms
Director

Good luck and best wishes!

Distribution:
0 - Addressee
1 - DDCI
1 - ER
1 - C/EAB/OS
1 - D/Pers
1 - OPF
1 - ROB Soft File
1 - ROB Reader

Originator: /s/ H. B. Fisher 4 MAY 1970
Director of Personnel

Concur: SIGNED
C/EAB/OS
29 APR 1970

OP/RAD/ROB/DEMorris:jat/3257 (20 April 1970)

14-00000

Mr. E. Howard Hunt
11120 River Road
Potomac, Maryland 20854

Dear Mr. Hunt:

It is the practice of the Organization to follow up with former employees six months after their retirement. We hope by such inquiry to obtain information on what our retirees are doing and where they are located, invite suggestions for improving the retirement program and to learn if the Organization might be of some assistance on any post-retirement matters.

We should like very much to hear from you on the above points and on any other topics you think would be useful to us.

For your convenience in replying, we have enclosed a sheet somewhat akin to a form on which we have listed those standard items of information we'd like to have on every retiree. The remainder of the sheet, including the reverse side, is for your comments and suggestions. We shall be most appreciative of your fullest response to this inquiry.

Thank you very much for your cooperation.

Sincerely yours,

Carroll A. Duchay
Personnel Officer

Enclosures:
Questionnaire
Return Envelope

Distribution:
Original - Addressee
1 - OPF
1 - RAD Subject's File

OP/RAD/EEAS/MLShober:alp (9 October 1970)

Howard Hunt
C/CA/EUR
4829

NO SECURITY OBJECTIONS
11-24-69

CENTRAL INTELLIGENCE AGENCY

Career Profile

From 1949 to the present I have been a career official of the Central Intelligency Agency. My foreign assignments have been in Europe, Latin America and the Far East where my duties involved the collection, evaluation, and reporting of high priority intelligence in the national interest. This intelligence information related to the economic, political, social and military aspects of nations and regions where I was located. During two crisis periods I was a senior member of special task forces organized to confront the crises, and took part in White House conferences. At other times I have served as a regional trouble-shooter.

Abroad I have dealt and negotiated with senior officials including Presidents of foreign nations and members of their Cabinets.

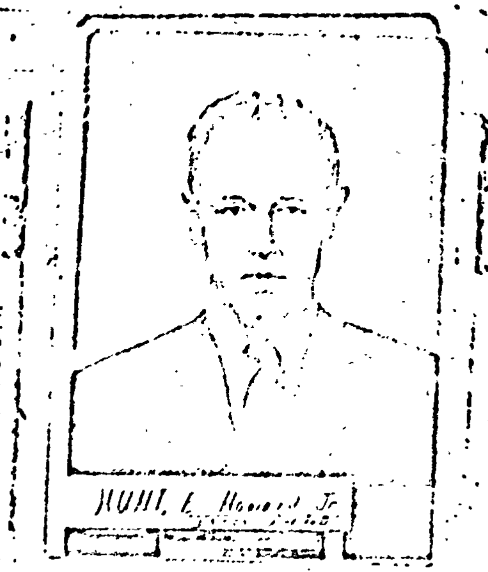
In Washington I have represented CIA at high levels of our government including the Psychological Strategy Board, Operations Coordinating Board and Interdepartmental Groups chaired by the Assistant Secretary of State. I have had extensive responsibilities for the development and review of large-scale budgets, and for their successful presentation.

I have also had broad experience in dealing with key non-governmental figures in the United States and abroad, including major corporate and industrial personalities at the highest level.

SECRET
(When Filled In)

SERIAL NO.	BIOGRAPHIC PROFILE (PART 2)
013?52	

NAME (Last-First-Middle)	DATE OF BIRTH
HUNT, E(verette) Howard	9 Oct 1918



24. SUMMARY OF CAREER PREFERENCE OUTLINE AND/OR FIELD REASSIGNMENT QUESTIONNAIRE

25. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL

26. ADDITIONAL INFORMATION

Appreciation 1953 from Chief, PP, for assistance rendered in the preparation of "PP Operational Aids."

Appreciation 1953 from P. T. Culbertson, American Embassy, Mexico City, for ability, discretion and judgment displayed while assigned to Mexico City.

Commendation 1954 from W. D. Playdon (P) for superior performance in connection with project PBSUCCESS.

Appreciation 1960 from Chief, US Secret Service, Treasury Dept, to the DCI, for excellent cooperation provided prior to and during President Eisenhower's visit to Uruguay.

Commendation 1961 from Ch,WH for performance of duties with distinction in support of the mission outlined in Project JMATE.

23 Mar 1973	rrd/cal

FORM NO. 1200 (PART 2) REPLACES FORM 1040 (PART 2) WHICH IS OBSOLETE. 1 FEB 67 SECRET E 2 IMPDET CL BY 010025 PROFILE 2561

SECRET
(When Filled In)

BIOGRAPHIC PROFILE (PART I) SD: 7 Sep 19[illegible]

1. PERS. SERIAL NO. 013842				
2. NAME (Last-First-Middle): HUNT, E(verette) Howard	3. SEX: M	4. DATE OF BIRTH: 9 Oct 1918	5. CONSECUTIVE COMP. DATE: 8 Nov 1949	
6. MARITAL STATUS: Married	7. DEPENDENT(S) (Exclud. employee): NO. 5	YEAR(S) OF BIRTH: 1920 1951 1952 1954 1963	8. US NATURALIZATION DATE(S): NA	SPOUSE: NA
9. CAREER STAFF STATUS: MEMBERSHIP Jul 1954	OTHER STATUS	10. LAST MED. EXAM.: Feb 1967	QUAL. FOR: TDY Standby	EVAL. FOR: TDY Standby
11. CURRENT RESERVE STATUS: NONE X	SERVICE	GRADE	ACTIVE DUTY WITH CIA CAT. 1 / RELEASE TO MIL. SER. CAT. 2	TO BE DEFERRED CAT. 3 / RETIRED
12. ASSESSMENT DATE: None	13. PROFESSIONAL TEST DATE: None	14. LANGUAGE APTITUDE TEST DATE: None		

15. NON-CIA EMPLOYMENT

1940-42 Military Service, US Navy, Ensign
1942-43 "The March of Time," NYC - Script Writer
1943 "Time," Inc, NYC - War Correspondent (South Pacific, 9 mos)
1943-46 Military Service, USAAF, 1st Lt (1945-46, OSS in China)
1946-49 Free Lance Writer
1948-49 Economic Cooperation Administration, Paris, France - US Media Specialist

16. NON-CIA EDUCATION

1934 AAFSAT, Orlando, Fla - Air Combat Intelligence (4 mos)
1936-40 Brown Univ - AB, English, English Literature, Economics
1950 Berlitz School of Languages, DC - Spanish

17. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested)

Spanish - R,P Inter; W,S,U High (Apr 1967) Transl & Interpr -May 1957
German - R,W,S,U,Slight;P,inter; T,none - May 1957 (declined testing)
French - R,P Elem; W,S,U Slight; T None - Sep 1966 - disc prof Apr 1968

18. AGENCY SPONSORED TRAINING

1950 Admin Proc — 1953 Photography
1950 Secret Writing
1953 Ops Famil
1953 Flaps & Seals

19. CIA EMPLOYMENT HISTORY SINCE 18 SEPT 1947 (Personnel Actions, Military Orders, and Principal Details)

EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE		GRADE	SD	ORGANIZATION & ORGAN. TITLE (If any)	LOCATION
Nov 1949	I.O. (Editor)	0130.00	13		OPC/P&P Stf/Program Grp II	Hq
Dec 1950	I.O.	0132.00	13		OPC/Latin America/Ops/COS	Mexico City
Jun 1951	"	0132.00	14		OPC/Latin America/COON	" "
Aug 1953	Ops Off	0132.00	15	PP	DDP/SE/Ch, PP Staff	Hq
Jun 1954	Ops Off (PP)	0136.31	15	DP	DDP/FE/SR-NA/Ch, PP Staff	Tokyo
Feb 1957	Area Ops Off	0136.01	15	DP	DDP/WH-II/Uruguay Station/COS	Montevideo
Nov 1960	Ops Off	0136.01	15	D	DDP/WH-4	Hq
	Jun-Nov 1961 Detailed to Office of the DCI					
Nov 1961	Ops Off	0136.01	15	D	DDP/CAStf/PlanntResBr/Ch EvalBr	"
Jan 1962	" "	0136.01	15	D	DDP/CA Staff/OC	"
Jul 1962	" "	0136.01	15	D	DDP/DODS/Facilities Br/Ch,WFSec	"
Aug 1964	" "	0136.01	15	D	DDP/DOD/U.S. Field Ch, CA Staff	"
Feb 1965	" "	0136.01	15	D	DDP/Off of the DDP/Ops Group	"
	Jul 1965-Sep 1966 Contract Employee					
Sep 1966	Ops Off	0136.01	15	D	DDP/WE/Operations Stf	Hq
Jan 1967	" "	0136.01	15	D	DDP/Eur/Spec Act Stf	"
Aug 1968	" "	0136.01	15	D	DDP/EUR/OperationsStaff	"
Apr 1970	Retirement--Voluntary under CIARDS					

20. DATE REVIEWED: 28 Mar 1973	21. PROFILE REVIEWED BY: nrd/cal — E 2 IMPDET CL BY 010026	22. ITEMS 1-18 REVIEWED & VERIFIED BY EMPLOYEE: No

SECRET

REVIEWING OFFICER'S COMMENTS:

Although I would not differ from the evaluative comment on this officer, I would be inclined to rate his over-all performance as highly PROFICIENT rather than Strong, in view of his broad experience and grade. This officer has had a series of personal and taxing problems, beyond his control, which have tended to dull his cutting edge just enough to be noticeable.

E.N. Korn-Patterson
Deputy Chief,
European Division

SECRET

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-231 AND EXECUTIVE ORDER 11524 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 5 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 2[illegible] December 1969

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
Hunt E. Howard	012642	44 100	CF	GS-15 6	[illegible],225

14-00000

SECRET
(WHEN FILLED IN)

1. EMP. SERIAL NO.	2. NAME	3. ASSIGNED ORGAN.	4. FUNDS	5. ALLOTMENT
513842	HUNT HOWARD E	DDP/WH	UV	

6. OLD SALARY RATE						7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE MO	DA	YR	GRADE	STEP	SALARY	EFFECTIVE DATE MO	DA	YR
GS 15	4	$13,670	02	09	59	GS 15	5	$13,970	08	09	59

TO BE COMPLETED BY THE OFFICE OF THE COMPTROLLER

8. CHECK ONE ☐ NO EXCESS LWOP ☐ EXCESS LWOP
IF EXCESS LWOP, CHECK FOLLOWING:
☐ IN PAY STATUS AT END OF WAITING PERIOD
☐ IN LWOP STATUS AT END OF WAITING PERIOD

9. NUMBER OF HOURS LWOP
10. INITIALS OF CLERK
11. AUDITED BY

TO BE COMPLETED BY THE OFFICE OF PERSONNEL

12. PROJECTED SALARY RATE AND EFFECTIVE DATE					
GRADE	STEP	SALARY	MO	DA	YR

13. REMARKS

5/11

14. AUTHENTICATION

G. M. STEWART

PERIODIC STEP INCREASE - AUTHENTICATION

FORM NO. 560a 1 MAR. 56 SECRET PERSONNEL FOLDER (4)

S E C R E T

GENERAL SCHEDULE SALARY INCREASE RETROACTIVELY EFFECTIVE 12 JANUARY 1958 AUTHORIZED BY P. L. 85 - 462 AND DCI DIRECTIVE. SALARY AS OF 15 JUNE 1958 ADJUSTED AS FOLLOWS

NAME	SERIAL	GRADE-STEP	OLD SALARY	NEW SALARY
HUNT HOWARD E	513842	GS-15-4	$12,420	$13,670

GORDON M. STEWART
/S/ DIRECTOR OF PERSONNEL

S E C R E T

SECRET
(WHEN FILLED IN)

1. EMP. SERIAL NO.	2. NAME	3. ASSIGNED ORGAN.	4. FUNDS	5. ALLOTMENT
513842	HUNT HOWARD E	DDP/WH	UV	

6. OLD SALARY RATE						7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE MO	DA	YR	GRADE	STEP	SALARY	EFFECTIVE DATE MO	DA	YR
15	3	$12,150	09	12	56	15	4	$12,420	02	09	58

TO BE COMPLETED BY THE OFFICE OF COMPTROLLER

8. CHECK ONE ☐ NO EXCESS LWOP ☐ EXCESS LWOP
IF EXCESS LEAVE LWOP, CHECK FOLLOWING:
☐ IN PAY STATUS AT END OF WAITING PERIOD
☐ IN LWOP STATUS AT END OF WAITING PERIOD

9. NUMBER OF HOURS LWOP
10. INITIALS OF CLERK
11. AUDITED BY

TO BE COMPLETED BY THE OFFICE OF PERSONNEL

12. PROJECTED SALARY RATE AND EFFECTIVE DATE					
GRADE	STEP	SALARY	MO	DA	YR

13. REMARKS

14. AUTHENTICATION

SECRET
(When Filled In)

FITNESS REPORT

EMPLOYEE SERIAL NUMBER: 01[illegible]

SECTION A — GENERAL

1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
HUNT, E. Howard	9 Oct 1918	M	GS-15	D

6. OFFICIAL POSITION TITLE	7. OFF/DIV/BR OF ASSIGNMENT	8. CURRENT STATION
Ops Officer (CA)	DDP/DODS/[illegible]	Wash., D.C

9. CHECK (X) TYPE OF APPOINTMENT					
X	CAREER		RESERVE		TEMPORARY
	CAREER-PROVISIONAL (See instructions - Section C)				
	SPECIAL (Specify):				

10. CHECK (X) TYPE OF REPORT			
	INITIAL		REASSIGNMENT SUPERVISOR
X	ANNUAL		REASSIGNMENT EMPLOYEE
	SPECIAL (Specify):		

11. DATE REPORT DUE IN O.P.	12. REPORTING PERIOD (From- to-)
30 April 1963	March 1962 - 31 March 1963

SECTION B — PERFORMANCE EVALUATION

W - Weak — Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.

A - Adequate — Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.

P - Proficient — Performance is more than satisfactory. Desired results are being produced in a proficient manner.

S - Strong — Performance is characterized by exceptional proficiency.

O - Outstanding — Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

SPECIFIC DUTY	RATING LETTER
SPECIFIC DUTY NO. 1: Supervises all Division propaganda operations. (4 employees, 7 projects)	S
SPECIFIC DUTY NO. 2: Project Officer WUROMBOM.	P
SPECIFIC DUTY NO. 3: Project Officer WUHUSTLER.	S
SPECIFIC DUTY NO. 4: Conducts liaison with USIA, Staffs and Area Divisions as required to coordinate DODS foreign and domestic propaganda operations.	A
SPECIFIC DUTY NO. 5:	
SPECIFIC DUTY NO. 6:	

OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

RATING LETTER: P/S

17 APR 1963

FORM 4-62 45 OBSOLETE PREVIOUS EDITIONS. SECRET

GROUP 1 Excluded from automatic downgrading and declassification

SECRET
(When Filled In)

FITNESS REPORT

EMPLOYEE SERIAL NUMBER: 013842

SECTION A — GENERAL

1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
HUNT, E. HOWARD	10/09/18	M	GS-15	D

6. OFFICIAL POSITION TITLE	7. OFF/DIV/BR OF ASSIGNMENT	8. CURRENT STATION
Ops Officer (Ch)	DDP/DODS/R&P	Wash., D.C.

9. CHECK (X) TYPE OF APPOINTMENT
- X CAREER
- RESERVE
- TEMPORARY
- CAREER-PROVISIONAL (See instructions - Section C)
- SPECIAL (Specify):

10. CHECK (X) TYPE OF REPORT
- INITIAL
- X ANNUAL
- SPECIAL (Specify):
- REASSIGNMENT SUPERVISOR
- REASSIGNMENT EMPLOYEE

11. DATE REPORT DUE IN O.P.: 31 May 1964

12. REPORTING PERIOD (From- to-): 31 March 1963 - 31 March 1964

SECTION B — PERFORMANCE EVALUATION

W - Weak: Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.

A - Adequate: Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.

P - Proficient: Performance is more than satisfactory. Desired results are being produced in a proficient manner.

S - Strong: Performance is characterized by exceptional proficiency.

O - Outstanding: Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

Specific Duty	Rating Letter
SPECIFIC DUTY NO. 1: Supervises all Division propaganda operations.	S
SPECIFIC DUTY NO. 2: Project Officer WUHUSTLER, WUBONBON	S
SPECIFIC DUTY NO. 3: Conducts liaison with USIA, Staffs and Area Divisions as required to coordinate DODS foreign & domestic propaganda operations.	S
SPECIFIC DUTY NO. 4	
SPECIFIC DUTY NO. 5	
SPECIFIC DUTY NO. 6	

OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

RATING LETTER: S

26 MAY 1964

FORM 4-62 45 OBSOLETE PREVIOUS EDITIONS.

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14-00000

SECRET
(When Filled In)

SECTION C	NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

Subject has performed in a manner quite consistent with his long and broad experience in many aspects of the craft of intelligence. His senior grade, his special expertise in the field of propaganda and publication and his very high intellect have contributed to the division's operations in the public media field a sharp focus, an economical concentration of money and effort and a consequently heightened impact. In the WUHUSTLER project, Subject vindicated his faith in a moribund clandestine asset by demonstrating, after about a year and a half under his personal direction, that it is one of the most effective activities of its kind. Before Subject assumed direct responsibility for this project, it had suffered from visionary and diffuse direction and from poor case officer-agent rapport. Subject's personal handling of this operation is marked by excellent rapport and the project prospers on an entirely reoriented basis which the agent himself enthusiastically welcomes.

Subject's supervisory responsibility has extended over two secretaries, from one to two professional staffers under official cover and three professional career employees under unofficial cover. The fairness and precision of his management has patently won their respect and inspired their performance.

(Continued on additional sheet)

SECTION D	CERTIFICATION AND COMMENTS	
1.	BY EMPLOYEE	
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE: 20 May 64	SIGNATURE OF EMPLOYEE: E. Howard Hunt	
2.	BY SUPERVISOR	
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION: 24 months	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE: 19 May 1964	OFFICIAL TITLE OF SUPERVISOR: DCOS	TYPED OR PRINTED NAME AND SIGNATURE: Stanley H. Gaines
3.	BY REVIEWING OFFICIAL	
COMMENTS OF REVIEWING OFFICIAL: Concur -		
DATE: [illegible]	OFFICIAL TITLE OF REVIEWING OFFICIAL: Chief, E C	TYPED OR PRINTED NAME AND SIGNATURE: C. T. Davis

SECRET

14-00000

SECRET

FITNESS REPORT

EMPLOYEE SERIAL NUMBER: 013842

SECTION A — GENERAL

1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
Hunt, E. Howard	10/09/18	M	GS-15	D

6. OFFICIAL POSITION TITLE	7. OFF/DIV/BR OF ASSIGNMENT	8. CURRENT STATION
Ops Officer (CH)	DDP/DOD/CA	Washington, D. C.

9. CHECK (X) TYPE OF APPOINTMENT					
X	CAREER		RESERVE		TEMPORARY
	CAREER-PROVISIONAL *(See instructions - Section C)*				
	SPECIAL *(Specify)*:				

10. CHECK (X) TYPE OF REPORT			
	INITIAL		REASSIGNMENT SUPERVISOR
	ANNUAL	X	REASSIGNMENT EMPLOYEE
	SPECIAL *(Specify)*:		

11. DATE REPORT DUE IN O.P.: 30 April 1965

12. REPORTING PERIOD *(From- to-)*: 1 April 64 - 28 February 1965

SECTION B — PERFORMANCE EVALUATION

W - Weak — Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.

A - Adequate — Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.

P - Proficient — Performance is more than satisfactory. Desired results are being produced in a proficient manner.

S - Strong — Performance is characterized by exceptional proficiency.

O - Outstanding — Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise *(indicate number of employees supervised)*.

Specific Duty	Rating Letter
SPECIFIC DUTY NO. 1: Supervises all DO Division propaganda operations.	S
SPECIFIC DUTY NO. 2: Project officer for WUHUSTLER, WUBONBON, WUPUNDIT.	S
SPECIFIC DUTY NO. 3: Conducts liaison with USIA, Staffs and Area Divisions to coordinate DO propaganda operations.	S
SPECIFIC DUTY NO. 4: Supervises one CS staff officer and secretary under official and two career agents and several witting proprietary hires under project cover.	S
SPECIFIC DUTY NO. 5:	
SPECIFIC DUTY NO. 6:	

OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

RATING LETTER: S

13 APR 1965

FORM 4-62 45 OBSOLETE PREVIOUS EDITIONS.

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(When Filled In)

SECTION C — **NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

Mr. Hunt continued to direct the propaganda activities of the DO Division in a superior professional manner until 12 October 1964, when he was incapacitated by illness. On his return from sick leave on 7 December, he was detailed to the Office of the DD/P and officially transferred to that office on 28 February 1965. DO Division can only view this transfer with considerable regret.

Mr. Hunt, by virtue of his personal background, has a unique flair and competence in the propaganda field. Over and above, but complementary to these special skills, his extensive experience in the CS, his sound judgment, high and creative intellect and other commendable personal qualities contributed significantly to the successful prosecution of DO's efforts in the media field. These same attributes attest, in my judgment, to his suitability for employment as a Station Chief or in any other position requiring broad knowledge of and skill in the CS business. He is very cost conscious and an effective supervisor. He enjoys the respect of all personnel under his supervision, official and non-official, as well as that of all his co-workers in the Division and Station.

SECTION D — **CERTIFICATION AND COMMENTS**

1. BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE	SIGNATURE OF EMPLOYEE
7 April '65	E. Howard Hunt

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
16		
DATE	**OFFICIAL TITLE OF SUPERVISOR**	**TYPED OR PRINTED NAME AND SIGNATURE**
8 APR 1965	DO/Executive Officer	Thos. P. Schreyer

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I concur generally with the foregoing. I would however, be less inclined to recommend him for a COS job. He could do it but I do not consider that details of management or handling of people his forte -

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
5 April 1965	Chief, DO Division	C. Tracy Barnes

SECRET

SECRET

30 April 1969.

MEMORANDUM IN LIEU OF FITNESS REPORT

SUBJECT	:	Howard E. Hunt, GS-15, Employee Number 013842, DOB: October 1918; EUR/CA; Career; Service Designation: D.
PERIOD UNDER REVIEW	:	22 June 1968 - 31 March 1969
MONTHS UNDER MY SUPERVISION:		7
OVER-ALL RATING	:	Strong

1. Mr. Hunt took on his present duties as EUR/CA in July 1968. His performance in this position has been consistently Strong.

2. From the period of his previous assignment to EUR's Special Activities Staff, Mr. Hunt has made a substantial contribution to the refinement and recasting of CA operational concepts which has been underway in the Division since the termination over the past two years of many long established projects. He has a fine political sense and a sound grasp of European realities and evolutions. While concerned with the role and methods of political action, his mind is essentially operational, imaginative, and perhaps at its happiest in the recognition of opportunities and the stimulation of specific action in the field. In both these areas he has shown a power of original thought, persuasiveness in presenting his views, and persistance and vigor in helping get action underway.

3. There are three primary areas in which Mr. Hunt has played an important role in the Division's business. The first is in providing consistent staff assistance to Branches and Stations in the conduct of on-going CA action, and the modification and relocation of certain activities of concern to the Senior Staff and other divisions. He has brought to this work a balanced view of Division and Senior Staff equities, an excellent awareness of realities in the field and of the practical limits imposed by the field priorities, manpower, and the requirements of security.

SECRET

4. Secondly, Mr. Hunt has carried with him from SAS a continuing participation in the work of that staff in its two aspects: the countering of Soviet political action and a reawakened and redefined concern with Communist Party operations. He has contributed to the definition of these interests and worked ~~closely~~ with the Branches in identifying opportunities. Neither of these areas are of a nature that has made for prompt common understanding between Headquarters and the field. Mr. Hunt's TDY's have been of major assistance in furthering this understanding.

5. Thirdly, Mr. Hunt has assumed a particularly important role in responding to requirements for memoranda, studies and suggestions which the Division has been asked to produce since the beginning of a new national Administration in January. Intimately coupled with this is direct support to the Chief of the Division in the latter's participation in the Interdepartmental Group, and the analyses and studies which have derived from that participation.

6. In all these duties, Mr. Hunt's performance has reflected sagacity, balance, and imagination. He has had, to his credit, the advantage of excellent give and take with the Division's branches and a sound knowledge of branch people and capacities. He has drawn with equal effectiveness upon a broad range of personal associations in other divisions and senior staffs, and upon a deep experience of the mechanics, nuances and occasional delicacies of getting business done at Headquarters.

7. In summary, Mr. Hunt's has been the performance of a very competent, tough-minded senior professional in a period which has somewhat changed the nature of the CA officer's duties within the Division.

Edward Fenimore
Chief of Operations
European Division

I certify that I have seen the above fitness report.

Date: 4/5/69

REVIEWING OFFICER'S COMMENTS:

Although I would not differ from the evaluative comment on this officer, I would be inclined to rate his over-all performance as highly PROFICIENT rather than Strong, in view of his broad experience and grade. This officer has had a series of personal and taxing problems, beyond his control, which have tended to dull his cutting edge just enough to be noticeable.

E.N. Korn-Patterson
Deputy Chief,
European Division

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(When Filled In)

SECURITY APPROVAL

DATE : 21 September 1966

YOUR REFERENCE:

CASE NO. : 23500

TO : Director of Personnel

ATTN : John Stocks

SUBJECT : HUNT, Everette Howard Jr.

1. This is to inform you that Subject has been approved for the appointment specified in your request under the provisions of Headquarters Regulations 10-3 and 20-5 including access to classified information through TOP SECRET as required in the performance of duties.

2. Unless arrangements are made for entrance on duty within 150 days, this approval becomes invalid.

3. As part of the entrance on duty processing:

[ ] A personal interview in the Office of Security must be arranged.

[XXX] A personal interview is not necessary.

[ ] Please advise Chief, Clearance Branch, extension 5620 when Subject enters on duty.

4. This is a Conversion Action. This is issued in advance of Form #377.

FOR THE DIRECTOR OF SECURITY:

Steven L. Kuhn
Steven L. Kuhn
Chief, Personnel Security Division

FORM 1173 OBSOLETE PREVIOUS EDITIONS

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14-00000

SECRET

1 June 1967

MEMORANDUM FOR THE RECORD

SUBJECT: Mr. Howard Hunt

Mr. Hunt, on instructions of the Deputy Director for Plans, and with approvals from the DCI and the DDCI, was converted to contract employment and assigned to Spain for a special undertaking in behalf of the DD/P. He left for Spain in July 1965 and returned to the U. S. in June 1966 having completed his assignment successfully. If an evaluative comment is needed to cover his work during this period of time he should be rated as "strong".

THKaramessines

Thomas H. Karamessines
Assistant Deputy Director for Plans

Orig & 1 - Director of Personnel
via C/EUR
1 - ADD/P

SECRET

SECRET

ELECTION, DECLINATION, OR WAIVER OF LIFE INSURANCE COVERAGE
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

IMPORTANT AGENCY INSTRUCTIONS ON BACK OF ORIGINAL

TO COMPLETE THIS FORM—

1 FOLLOW THESE GENERAL INSTRUCTIONS:
- Read the back of the "Duplicate" carefully before you fill in the form.
- Fill in BOTH COPIES of the form. Type or use ink.
- Do not detach any part.

2 FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):

NAME (last)	(first)	(middle)	DATE OF BIRTH (month, day, year)	SOCIAL SECURITY NUMBER
HUNT	E.	Howard	10/9/18	126 05 1970

013812

EMPLOYING DEPARTMENT OR AGENCY	LOCATION (City, State, ZIP Code)

3 MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):

Mark here if you WANT BOTH optional and regular insurance — [X] (A)

ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE

I elect the $10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here if you DO NOT WANT OPTIONAL but do want regular insurance — [ ] (B)

DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE

I decline the $10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

Mark here if you WANT NEITHER regular nor optional insurance — [ ] (C)

WAIVER OF LIFE INSURANCE COVERAGE

I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the $10,000 additional optional insurance unless I have the regular insurance.

4 SIGN AND DATE. IF YOU MARKED BOX "A" OR "C", COMPLETE THE "STATISTICAL STUB." THEN RETURN THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.

SIGNATURE (do not print)
E. Howard Hunt

DATE
Feb. 13, 1968

FOR EMPLOYING OFFICE USE ONLY
(official receiving date stamp)

[stamp, mirrored:] OFFICE OF PERSONNEL ... FEB 19 10 19 AM '68

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

SECRET

STANDARD FORM No. 176-T
JANUARY 1968
(For use only until April 14, 1968)
176-101

STANDARD FORM 61
REVISED JUNE 1957
U.S. CIVIL SERVICE COMMISSION
F.P.M. CHAP. 295
[illegible]

APPOINTMENT AFFIDAVITS

IMPORTANT.—*Before swearing to these appointment affidavits, you should read and understand the attached information for appointee*

Central Intelligence Agency
(Department or agency) (Bureau or division) (Place of employment)

I, [illegible], do solemnly swear (or affirm) that—

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter. SO HELP ME GOD.

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I knowingly a member of any organization that advocates the overthrow of the constitutional form of the Government of the United States, or which seeks by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) that I will not so advocate, nor will I knowingly become a member of such organization during the period that I am an employee of the Federal Government or any agency thereof.

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof. I do not and will not assert the right to strike against the Government of the United States or any agency thereof while an employee of the Government of the United States or any agency thereof. I do further swear (or affirm) that I am not knowingly a member of an organization of Government employees that asserts the right to strike against the Government of the United States or any agency thereof and I will not, while an employee of the Government of the United States or any agency thereof, knowingly become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

The answers given in the Declaration of Appointee on the reverse of this form are true and correct.

13 Oct 66 [signature]
(Date of entrance on duty) (Signature of appointee)

Subscribed and sworn before me this 17 day of [illegible] A. D. 1966

at Langley (City) Virginia (State)

[SEAL] [signature]
(Signature of officer)

[illegible]
(Title)

NOTE.—*The oath of office must be administered by a person specified in 5 U.S.C. 18, or by a person designated to administer oaths under Section 206, Act of June 26, 1943, 5 U.S.C. 16a. If by a Notary Public, the date of expiration of his commission should be shown.*

DECLARATION OF APPOINTEE

This form is to be completed before entrance on duty. Answer all questions. Admitted unfavorable information about such matters as arrests or discharges will be considered together with the favorable information in your record in determining your present fitness for Federal employment. However, a false statement or dishonest answer to any question may be grounds for dismissal after appointment and is punishable by law.

1. PRESENT ADDRESS (*street and number, city and State*)
[illegible] River Road Potomac, Md. 20854

2. (A) DATE OF BIRTH	(B) PLACE OF BIRTH (*city and State or city and foreign country*)
Oct. 9, 1918	Hamburg, N.Y.

3. (A) IN CASE OF EMERGENCY, PLEASE NOTIFY	(B) RELATIONSHIP	(C) STREET AND NUMBER, CITY AND STATE	(D) TELEPHONE NO.
Dorothy L. Hunt	wife	11120 River Rd. Potomac Md.	299 7366

4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS? ☐ YES ☒ NO
If so, for each such relative fill in the blank below. If additional space is necessary, complete under Item 12

NAME	POST OFFICE ADDRESS (*Give street number, if any*)	(1) POSITION (2) TEMPORARY OR NOT (3) DEPARTMENT OR AGENCY IN WHICH EMPLOYED	RELATIONSHIP	MARRIED	SINGLE (*Check one*)
		1. 2. 3.			
		1. 2. 3.			
		1. 2. 3.			

INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
5. (A) ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA, OR (B) AS A NATIVE OF AMERICAN SAMOA DO YOU OWE ALLEGIANCE TO THE UNITED STATES OF AMERICA?	X	
6. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? *If your answer is "Yes," give details in Item 12*		X
7. DO YOU RECEIVE OR HAVE YOU APPLIED FOR AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? *If your answer is "Yes," give details in Item 12*		X
8. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT, HAVE YOU BEEN ARRESTED, CHARGED OR HELD BY FEDERAL, STATE, OR OTHER LAW ENFORCEMENT AUTHORITIES FOR ANY VIOLATION OF ANY FEDERAL LAW, STATE LAW, COUNTY OR MUNICIPAL LAW, REGULATION OR ORDINANCE? DO NOT INCLUDE TRAFFIC VIOLATIONS FOR WHICH A FINE OF $25 OR LESS WAS IMPOSED. ALL OTHER CHARGES MUST BE INCLUDED EVEN IF THEY WERE DISMISSED. *If your answer is "Yes," give in Item 12 for each case: (1) approximate date, (2) charge, (3) place, (4) action taken*		X
9. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT, HAVE YOU BEEN BARRED BY THE U.S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMENTS? *If your answer is "Yes," give dates of and reasons for each debarment in Item 12*		X

INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
10. (A) HAVE YOU EVER FILED A WAIVER OF LIFE INSURANCE COVERAGE UNDER THE FEDERAL EMPLOYEES GROUP LIFE INSURANCE ACT?		X
(B) IF YOU HAVE FILED SUCH A WAIVER, HAS IT BEEN CANCELED OR REVOKED?		
11. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT:		
A. HAVE YOU BEEN DISCHARGED FROM EMPLOYMENT BECAUSE: (1) YOUR CONDUCT WAS NOT SATISFACTORY?		X
(2) YOUR WORK WAS NOT SATISFACTORY?		X
B. HAVE YOU RESIGNED AFTER OFFICIAL NOTIFICATION THAT: (1) YOUR CONDUCT WAS NOT SATISFACTORY?		X
(2) YOUR WORK WAS NOT SATISFACTORY?		X
C. HAVE YOU BEEN DISCHARGED FROM THE ARMED SERVICES UNDER OTHER THAN HONORABLE CONDITIONS? *If your answer to A, B, or C is "Yes," give details in Item 12 as clearly as you can remember, including the name and address of employer, approximate date, and reasons in each case.*		X

12. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS (*Indicate item numbers to which answers apply*)

ITEM NO.		ITEM NO.	

INSTRUCTIONS TO APPOINTING OFFICER.—You must determine that this appointment would be in conformance with the Civil Service Act, applicable Civil Service Rules and Regulations, and acts of Congress pertaining to appointment.

This form should be checked for holding of office, pension, any record of recent discharge or arrest, age, citizenship, and members of family. Also, to establish the identity of the appointee, you should particularly check (1) his signature and handwriting against the application and/or other pertinent papers and (2) his physical appearance against the medical certificate.

U.S. GOVERNMENT PRINTING OFFICE 1963 O—697-201

CONFIDENTIAL
(When Filled In)

Complete in duplicate. The data recorded on this form is essential in determining travel expenses allowable in connection with leave at government expense, overseas duty, return to residence upon separation, and for providing current residence and dependency information required in the event of an employee emergency. The original of this form will be filed in the employee's official personnel folder.

NAME OF EMPLOYEE (Last)	(First)	(Middle)	SOCIAL SECURITY NUMBER
HUNT	E.	Howard	126 05 4970

1. RESIDENCE DATA

PLACE OF RESIDENCE WHEN INITIALLY EMPLOYED BY AGENCY: Washington, D.C.	LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)
PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE: Potomac, Maryland	HOME LEAVE RESIDENCE

2. MARITAL STATUS (Check one)

	SINGLE	X	MARRIED		SEPARATED		DIVORCED		WIDOWED		ANNULLED

IF MARRIED, PLACE OF MARRIAGE: Millbrook, N.Y.	DATE OF MARRIAGE: 6 Sept. '49
IF DIVORCED, PLACE OF DIVORCE DECREE	DATE OF DECREE
IF WIDOWED, PLACE SPOUSE DIED	DATE SPOUSE DIED

IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)

3. MEMBERS OF FAMILY

NAME OF SPOUSE	ADDRESS (No., Street, City, Zone, State)	TELEPHONE NO.	
Dorothy Louise Hunt	11120 River Rd. Potomac, Md	299 7366	
NAMES OF CHILDREN	**ADDRESS**	**SEX**	**DATE OF BIRTH**
Lisa	" "	f	9 March '50
Kevan		f	11 Nov. '52
Howard S.		m	22 March '54
David		m	1 Sept. '65
NAME OF YOUR FATHER (Or male guardian)	**ADDRESS**	**TELEPHONE NO.**	
	deceased		
NAME OF YOUR MOTHER (Or female guardian)	**ADDRESS**	**TELEPHONE NO.**	
	"		

WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY. wife

4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

NAME (Mr., Mrs., Miss) (Last-First-Middle): Mrs. E.Howard Hunt	RELATIONSHIP: wife
HOME ADDRESS (No., Street, City, Zone, State): 11120 River Road Potomac 20854 Md.	HOME TELEPHONE NUMBER: 299 7366
BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE	BUSINESS TELEPHONE & EXTENSION

IS THE INDIVIDUAL NAMED ABOVE WITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.) yes	YES	X
	NO	
IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPABLE? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.) yes	YES	X
	NO	
DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 6.)	YES	X
	NO	

The persons named in item 3 above may also be notified in case of emergency. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.

CONTINUED ON REVERSE SIDE

CURRENT RESIDENCE AND DEPENDENCY REPORT

CONFIDENTIAL
(When Filled In)

5. VOLUNTARY ENTRIES

Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.

INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.

Riggs National Bank of Washington (F&M Branch)
Washington 7, DC

Dorothy L. and/or
Howard Hunt

ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION? [X] YES [ ] NO

IF YES, DO YOU HAVE A JOINT ACCOUNT? [ ] YES [X] NO

HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? [X] YES [ ] NO. (If "Yes" where is document located?)

SD box, Riggs Bank

HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS?
[X] YES [ ] NO. (If "Yes" give name(s) and address)

Mr. Wm. F. Buckley,Jr. Wallacks Point, Stamford, Conn .

HAVE YOU EXECUTED A POWER OF ATTORNEY? [X] YES [ ] NO. (If "Yes", who possess the power of attorney?)

wife

6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

SIGNED AT	DATE	SIGNATURE
	[illegible handwritten date]	[signature]

CONFIDENTIAL

14-00000

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(When Filled In)

SECTION C	NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain rating given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

Mr. Hunt is an officer with real ability, creative and managerial. During the period under review, he has done a great deal to tighten up the operation of his shop. The amorphous aspects of some projects he inherited have been eliminated or cut down to size. He has a pleasant and engaging personality and a broadly based background.

If there are any areas of weakness in his performance it is only because his potential is so considerable. For example, it is possible that the staff and planning aspects of his job could receive more attention although, admittedly, there is a large grey area between the responsibilities of the CA Staff and the responsibilities of DODS in this respect.

SECTION D	CERTIFICATION AND COMMENTS	
1.	BY EMPLOYEE	
	I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT	
DATE: 1 March 1963	SIGNATURE OF EMPLOYEE: E. Howard Hunt	
2.	BY SUPERVISOR	
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE: 13 APR 1963	OFFICIAL TITLE OF SUPERVISOR: DODS/EXO	TYPED OR PRINTED NAME AND SIGNATURE: R. H. Cunningham
3.	BY REVIEWING OFFICIAL	
COMMENTS OF REVIEWING OFFICIAL		
DATE: 14 April 1963	OFFICIAL TITLE OF REVIEWING OFFICIAL: Chief, CA Staff	TYPED OR PRINTED NAME AND SIGNATURE: C. Tracy Barnes

SECRET

14-00000

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(When Filled In)

QUALIFICATIONS UPDATE

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING. TYPE OR PRINT. AVOID USING LIGHT COLORED INKS

Now that your qualifications are a matter of computer record, they must be periodically updated. This is done automatically for much information; however, some must be obtained directly from you. This form is for that purpose. Section I must be completed in all cases. You need provide other information only if there have been changes since you submitted your Form 444, "Qualifications Supplement to the Personal History Statement," or a previous update form. If you are in doubt whether information has been previously submitted, enter it in the appropriate section. The signed and dated form should be returned through administrative channels to the File Room, Office of Personnel, Room 5E-13 Headquarters, whether information is added or not.

Additionally, a qualifications update may take place at any time there is information to be added or changed simply by completing and returning an update form on your initiative.

SECTION I — BIOGRAPHIC AND POSITION DATA

EMP. SER. NO.	NAME (Last-First-Middle)	DATE OF BIRTH
013E942	Hunt, E. Howard	Oct 9, 1918

SECTION II — EDUCATION

HIGH SCHOOL

LAST HIGH SCHOOL ATTENDED	ADDRESS (City, State, Country)	YEARS ATTENDED (From-To)	GRADUATE
Hamburg High	Hamburg, N.Y. USA	1932 - 36	☒ YES ☐ NO

COLLEGE OR UNIVERSITY STUDY

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT MAJOR	SUBJECT MINOR	YEARS ATTENDED FROM--TO--	DEGREE RECEIVED	YEAR RECEIVED	NO. SEM/QTR. HRS. (Specify)
1. Brown U. Providence R.I.	English Lit.		1936 - 40	A.B.	'40	
2.						

IF A GRADUATE DEGREE HAS BEEN NOTED ABOVE WHICH REQUIRED SUBMISSION OF A WRITTEN THESIS, INDICATE THE TITLE OF THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT.

TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	NO. OF MONTHS

OTHER NON-AGENCY EDUCATION OR TRAINING NOT INDICATED ABOVE

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	NO. OF MONTHS
1				
2				

SECTION III — MARITAL STATUS

1. PRESENT STATUS (Single, Married, Widowed, Separated, Divorced, Annulled, Remarried) SPECIFY: Married (circled)

2. NAME OF SPOUSE (Last) Hunt (First) Dorothy (Middle) Louise (Maiden) Wetzel

3. DATE OF BIRTH: 1 April 1920

4. PLACE OF BIRTH (City, State, Country): Dayton, Ohio, USA

5. OCCUPATION: Housewife

6. PRESENT EMPLOYER: —

7. CITIZENSHIP: USA

8. FORMER CITIZENSHIP(S) COUNTRY(IES): —

9. DATE U.S. CITIZENSHIP ACQUIRED: —

SECTION IV — DEPENDENT CHILDREN AND DEPENDENTS OTHER THAN SPOUSE

NAME	RELATIONSHIP	DATE AND PLACE OF BIRTH	CITIZENSHIP	PERMANENT ADDRESS
1. ☐ ADD ☐ DELETE				
2. ☐ ADD ☐ DELETE				

FORM 2-68 444n

SECRET

(4-51)

14-00000

SECRET
(When Filled In)

SECTION V — GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL

NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF TRAVEL OR RESIDENCE	DATE & PLACE OF STUDY	KNOWLEDGE ACQUIRED BY (CHECK (X)): RESIDENCE	TRAVEL	STUDY	WORK ASSIGNMENT
1							
2							

Oct 23 3 10 AM '68

SECTION VI — TYPING AND STENOGRAPHIC SKILLS

1. TYPING (WPM) 2. SHORTHAND (WPM) 3. INDICATE SHORTHAND SYSTEM USED (CHECK (X) APPROPRIATE ITEM)
☐ GREGG ☐ SPEEDWRITING ☐ STENOTYPE ☐ OTHER (SPECIFY)

SECTION VII — SPECIAL QUALIFICATIONS

PROVIDE INFORMATION ON HOBBIES, SPORTS, LICENSES, PUBLISHED MATERIALS OR DEVICES WHICH YOU HAVE INVENTED

SECTION VIII — MILITARY SERVICE

CURRENT DRAFT STATUS

1. HAS YOUR SELECTIVE SERVICE CLASSIFICATION CHANGED? ☐ YES ☐ NO
2. NEW CLASSIFICATION
3. LOCAL SELECTIVE SERVICE BOARD NUMBER AND ADDRESS
4. IF DEFERRED, GIVE REASON

MILITARY RESERVE, NATIONAL GUARD STATUS

CHECK RESERVE OR GUARD ORGANIZATION TO WHICH YOU BELONG ☐ ARMY ☐ NAVY ☐ MARINE CORPS ☐ AIR FORCE ☐ COAST GUARD ☐ NATIONAL GUARD ☐ AIR NATIONAL GUARD

1. CURRENT RANK, GRADE OR RATE
2. DATE OF APPOINTMENT IN CURRENT RANK
3. EXPIRATION DATE OF CURRENT OBLIGATION
4. CHECK CURRENT RESERVE CATEGORY ☐ READY RESERVE ☐ STANDBY (active) ☐ STANDBY (inactive) ☐ RETIRED ☐ DISCHARGED
5. MILITARY MOBILIZATION ASSIGNMENT
6. RESERVE UNIT TO WHICH ASSIGNED OR ATTACHED

MILITARY SCHOOLS COMPLETED (Extended Active, Reserve Duty, or as Civilian)

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	DATE COMPLETED	RESIDENT / AGENCY-SPONSORED

SECTION IX — PROFESSIONAL SOCIETIES AND OTHER ORGANIZATIONS

NAME AND CHAPTER	ADDRESS (Number, Street, City, State, Country)	DATE OF MEMBERSHIP FROM	TO
1.			
2.			
3			

SECTION X — REMARKS

DATE: Oct. 7, 1968

SIGNATURE OF EMPLOYEE: E. Howard Hunt

SECRET

14-00000

SECRET
(WHEN FILLED IN)

QUALIFICATIONS SYSTEM RECORD CHANGE

APPLICANT CODING DATA

1. ID	2. APPL. NO.	3. NAME
< • 2	8-DIGITS •	MUST CONTAIN 20-DIGITS •

4. DATE OF BIRTH (MO / DA / YR)	5. DATE CODED (MO / DA / YR)	
•	•	THE DATA ABOVE (ITEMS 2 THRU 5) WILL BE FILLED IN WHEN CODING AN APPLICANT FOR THE FIRST TIME. THIS FORM IS THEN ATTACHED TO FORM 1962, MASTER QUALIFICATIONS CODING RECORD.

LANGUAGE CODING DATA - FORM 444c

1. ID	2. EMPLOYEE NO.	3. NAME	4. LANGUAGE DATA CODE BASE CODE	R	W	P	S	U	T	YR
< • 3	•	3-LETTERS •	•							

5. DATE SUBMITTED (MO / DA / YR)	6. DATE OF BIRTH (MO / DA / YR)	
•	•	WHEN FORM 444c DENOTES NO LANGUAGE COMPETENCE, ENTER THE FOLLOWING IN ITEM 4: "NON-LANGUAGE" (12-DIGITS)

LANGUAGE PROFICIENCY TEST DATA

1. ID	2. EMPLOYEE NO.	3. NAME (3-LETTERS)	4. CODE (C-A-D)	5. LANGUAGE DATA BEFORE TEST BASE CODE	R	W	P	S	U	T	YR
< • 5	ø13842	HUN	C	BK5ø	1	ø	1	ø	1	3	57

6. LANGUAGE DATA AFTER TEST BASE CODE	R	W	P	S	U	T	YR	7. DATE OF TEST MO	DA	YR	
BK5ø	2	1	2	1	1	4	66	ø9	19	66	DATA FOR ITEM 2 20 MAR 1967 EXTRACTED FROM FORM 1273, LANGUAGE PROFICIENCY AND AWARDS DATA. [signature]

QUALIFICATIONS RECORD CHANGE

1. ID	2. EMP/APPL NO.	3. NAME	
< • 4	•	3-LETTERS •	ENTER UNDER "TYPE" - A - ADDITION TO RECORD; C - CHANGE TO EXISTING RECORD; D - DELETION OF DATA FROM EXISTING RECORD

TYPE	CODE # 1 BASE	1	2	3	YR	CODE # 2 BASE	1	2	3	YR
•	•					•				
•	•					•				
•	•					•				
•	•					•				
•	•					•				
•	•					•				
•	•					•				
•	•					•				
•	•					•				

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SECRET
(When Filled In)

CERTIFICATION OF CLAIMED LANGUAGE PROFICIENCY

1. EMPLOYEE SERIAL NO.	2. NAME (last-first-middle)	3. DATE OF BIRTH
013942	HUNT, E. HOWARD	[illegible] 1918

4\.

LIST BELOW THE FOREIGN LANGUAGE OR LANGUAGES IN WHICH YOU POSSESS ANY DEGREE OF COMPETENCE. INDICATE YOUR PROFICIENCY IN EACH OF THE FIVE SKILL FACTORS SHOWN (reading comprehension, writing ability, etc.) BY NOTING THE NUMBER MOST INDICATIVE OF YOUR LEVEL OF SKILL UNDER THE FACTOR BEING CONSIDERED.

IF YOUR PROFICIENCY RELATES TO A PARTICULAR DIALECT OF A MAJOR LANGUAGE, IDENTIFY THIS DIALECT BY NOTING IT IN PARENTHESES AFTER THE LANGUAGE ON THE SAME LINE.

IF YOU HAVE NO PROFICIENCY IN ANY FOREIGN LANGUAGE, CHECK (X) BOX AT RIGHT AND LEAVE OTHER ITEMS BLANK. → ☐

LEVEL OF SKILL: (Slight) 1 — 2 — 3 — 4 — 5 (Native)

0 = NO PROFICIENCY IN A SPECIFIC SKILL FACTOR

Language	Reading Comprehension	Writing Ability	Pronunciation	Conversational Ability	Oral Comprehension	Native of Country	Prolonged Residence	Contact (with parents, etc.)	Academic Study
Spanish	4	3	4	4	4		X		X
FRENCH	2	1	2	1	1		X		

(SKILL FACTORS: columns 1–5; HOW ACQUIRED (Check (X) Box(es) which apply): columns 6–9)

5\. IF YOU HAVE HAD EXPERIENCE AS A TRANSLATOR, INTERPRETER OR INSTRUCTOR, EXPLAIN AND SPECIFY IN WHICH LANGUAGE(S) YOU HAVE HAD SUCH EXPERIENCE.

Spanish — translator + interpreter

DATE [illegible]

CERTIFICATION

I CERTIFY that the information given above is true and accurate to the best of my knowledge and belief.

DATE	SIGNATURE
[illegible]	[signature]

FORM 4-66 444c OBSOLETE PREVIOUS EDITIONS

SECRET

(4-43)

SECRET
(WHEN FILLED IN)

QUALIFICATIONS SYSTEM RECORD CHANGE

APPLICANT CODING DATA

1. ID	2. APPL. NO.	3. NAME
<• 2	6-DIGITS •	MUST CONTAIN 20-DIGITS •

4. DATE OF BIRTH (MO / DA / YR)	5. DATE CODED (MO / DA / YR)
•	•

THE DATA ABOVE (ITEMS 2 THRU 5) WILL BE FILLED IN WHEN CODING AN APPLICANT FOR THE FIRST TIME. THIS FORM IS THEN ATTACHED TO FORM 1962, MASTER QUALIFICATIONS CODING RECORD.

LANGUAGE CODING DATA - FORM 444c

1. ID	2. EMPLOYEE NO.	3. NAME	4. LANGUAGE DATA CODE: BASE CODE	R	W	P	S	U	T	YR
<• 3	•	3-LETTERS •	•							

5. DATE SUBMITTED (MO / DA / YR)	6. DATE OF BIRTH (MO / DA / YR)
•	•

WHEN FORM 444c DENOTES NO LANGUAGE COMPETENCE, ENTER THE FOLLOWING IN ITEM 4: "NO++LANGUAGE" (12-DIGITS)

LANGUAGE PROFICIENCY TEST DATA

1. ID	2. EMPLOYEE NO.	3. NAME (3-LETTERS)	4. CODE (C-A-D)	5. LANGUAGE DATA BEFORE TEST: BASE CODE	R	W	P	S	U	T	YR
<• 5	• Ø13[illegible]42	• HUN	• C	• BL18	H	H	H	H	H	3	62

6. LANGUAGE DATA AFTER TEST: BASE CODE	R	W	P	S	U	T	YR	7. DATE OF TEST: MO	DA	YR
• BL18	I	H	I	H	H	3	67	• Ø4	18	67

DATA FOR ITEM 2 THRU 7 IS EXTRACTED FROM FORM 1273, LANGUAGE PROFICIENCY AND AWARDS DATA. 10 JUL 1967

QUALIFICATIONS RECORD CHANGE

1. ID	2. EMP/APPL NO.	3. NAME
<• 4	•	3-LETTERS •

ENTER UNDER "TYPE" -
- A - ADDITION TO RECORD
- C - CHANGE TO EXISTING RECORD
- D - DELETION OF DATA FROM EXISTING RECORD

TYPE	CODE # 1 BASE	1	2	3	YR	CODE # 2 BASE	1	2	3	YR
•	•					•				
•	•					•				
•	•					•				
•	•					•				
•	•					•				
•	•					•				
•	•					•				
•	•					•				
•	•					•				

FORM 10-64 1962a

SECRET

GROUP 1 EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

(4-91)

14-00000

SECRET
(WHEN FILLED IN)

CERTIFICATION OF LANGUAGE PROFICIENCY

1. EMPLOYEE NO.	2. NAME (LAST-FIRST-MIDDLE)	3. TYPE CHANGE A=ADD C=CHANGE D=DELETE	CODE	4. LANGUAGE DATA PRIOR TO TEST LAN. CODE	R	W	P	S	U	I/T	YEAR
	HUNT, E. EDWARD										

5. LANGUAGE DATA AFTER TEST LAN. CODE	R	W	P	S	U	I/T	YEAR	6. DATE TESTED	7. DATE OF BIRTH	8. GRADE	9. OFFICE OR DIVISION
								04/18/67	10/09/18	15	EUR

NOTICE TO PERSON TESTED

TO: ON THE DATE SHOWN IN ITEM 6 ABOVE, YOU WERE TESTED IN SPANISH (NEW WORLD) BL18 (NAME OF LANGUAGE)
AND YOUR TEST SCORES ARE AS FOLLOWS:

READING	WRITING	PRONUNCIATION	SPEAKING	UNDERSTANDING
I	+	I	H	H

TEST RATINGS: 0 = ZERO, I = INTERMEDIATE, S = SLIGHT, H = HIGH, E = ELEMENTARY, N = NATIVE

11. REMARKS
CODED
FOR
C[illegible]ATIONS

12. SIGNATURE
Kea

13. LD NUMBER
13670

FORM 11-64 1273 OBSOLETE PREVIOUS EDITIONS (10-45) SECRET

GROUP 1 EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

1 - OP/QAB

14-00000

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(When Filled In)

OFFICIAL USE ONLY (until filled in)

QUALIFICATIONS SUPPLEMENT TO PERSONAL HISTORY STATEMENT

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING. TYPE OR PRINT. AVOID USING LIGHT COLORED INKS

SECTION I BIOGRAPHIC AND POSITION DATA

1. EMP. SER. NO.	2. NAME (Last-First-Middle)	3. SEX	4. DATE OF BIRTH	5. SCHEDULE GRADE STEP
013842	HUNT E HOWARD		10/09/18	GS-15-07

6. SD	7. POSITION TITLE	8. OFFICE OF ASSIGNMENT	9. LOCATION (Country, City)
D	OPS OFFICER	EUR	WASH, D.C.

SECTION II AGENCY OVERSEAS SERVICE

AREA	TYPE TOUR	FROM	TO
MEXICO	PCS 64	50/12/31	53/04/01
EUROPEAN AREA	TDY 64	54/01/31	54/03/01
JAPAN	PCS 64	54/05/01	56/10/01
URUGUAY	PCS 44	57/01/01	60/05/02
ASIA AREA	TDY 43	63/01/07	63/01/19 ✓
Mexico	TDY	66/2/10	66/10/03

New PHS made
Sept 67

OVERSEAS DATA
CODED
DATE: 22 Jun 67
INITIALS: [illegible]

SECTION III EDUCATION

DEGREE	MAJOR FIELD	COLLEGE	YEAR
BACH	ENGLISH LITERATURE	BROWN UNIV RI	40

FORM 1-67 444J
SECRET
6 7 JUL ENTD

SECTION IX — **MARITAL STATUS**

1. PRESENT STATUS (Single, Married, Widowed, Separated, Divorced, Annulled, Remarried) SPECIFY

2. NAME OF SPOUSE (Last) (First) (Middle) (Maiden)

3. DATE OF BIRTH	4. PLACE OF BIRTH (City, State, Country)	
5. OCCUPATION	6. PRESENT EMPLOYER	
7. CITIZENSHIP	8. FORMER CITIZENSHIP(S) COUNTRY(IES)	9. DATE U.S. CITIZENSHIP ACQUIRED

SECTION X — **DEPENDENT CHILDREN AND DEPENDENTS OTHER THAN SPOUSE**

NAME	RELATIONSHIP	DATE AND PLACE OF BIRTH	CITIZENSHIP	PERMANENT ADDRESS

SECTION XI — **PROFESSIONAL SOCIETIES AND OTHER ORGANIZATIONS**

NAME AND CHAPTER	ADDRESS (Number, Street, City, State, Country)	DATE OF MEMBERSHIP FROM	DATE OF MEMBERSHIP TO

DATE	SIGNATURE OF EMPLOYEE
	[signature]

[illegible]
WASHINGTON, D.C. 20505

6 May 1971

Mr. Howard Hunt
11120 River Road
Potomac, Maryland 20854

Dear Howard:

I have taken so long in answering your letter of April 5th because of the careful consideration given to your request by all concerned, particularly as we have not had this problem before.

I am sorry to tell you that our answer is in the negative, although we have taken every approach we can think of to comply with your wishes. Very simply, the problem is as follows:

> The statute states--
>
> <u>At the time of retirement</u>, any married participant may elect to receive a reduced annuity and to provide for an annuity payable to his wife or her husband, commencing on the date following such participant's death . . . (emphasis added).
>
> Our regulation on the subject repeats the language of the statute above and in addition states--
>
> A participant may not change his election under this provision . . . .

14-00000

We considered the possibility of a waiver of the regulation but ran into another problem here. The act specifically provides that the Director may prescribe rules and regulations, but continues with the language that, "such rules and regulations [are] to become effective after approval by the chairman and ranking minority members of the Armed Services Committees of the House and Senate." The regulations as presently enacted were specifically reviewed by those Committees and approved in their present form.

Looking back into the legislative history of the act, we believe it is clear that the Committees desired our act to conform as closely as possible to Civil Service retirement, which definitely would not permit a change of election after retirement. There does not appear to have been any administrative error or misunderstanding at the time you retired and made your election, therefore, we have been unable to find any basis for making the change you request.

I think you know me well enough to agree that I like to stay as flexible in the law as I possibly can, but this seems to be one case where we are bound by specific provisions with no leeway to meet the requests of individual employees.

Sincerely,

Larry

Lawrence R. Houston
General Counsel

cc: Executive Director
DDS
Director of Personnel
OGC chrono
✓subject Retirement
OGC:LRH:jeb

14-00000

HOWARD HUNT

11120 River Road,
Potomac, Maryland 20854.,
May 12, 1971.

The Honorable
Lawrence R Houston,
General Counsel,
The Central Intelligence Agency,
Washington, D. C. 20505.

Dear Larry:

I thoroughly appreciate the thought and study you gave my problem, and while your findings are disappointing to me, I must regard them as definitive.

Reflecting on the statute, however, I find myself wondering whether such irrevocable limitation on personal choice is, first, in the public interest, and second in the interest of annuitants whose personal circumstances and civil status are subject to unanticipated change. This could be the subject of an interesting class action challenge in which, I imagine, more than a few annuitants would be eager to join.

All that aside, I'm most grateful for your efforts to help me once again.

Cordially,

Howard

SECRET

21 June 1972

MEMORANDUM FOR THE RECORD

SUBJECT: Mr. E. Howard Hunt

1. On 21 June 1972 Mr. Robert Tegethoff, INR, Department of State, informed Mr. James Franklin, Chief, CCS/OCB, that the Department of State had received press inquiries in regard to Mr. E. Howard Hunt's service with the Department of State. INR had arranged for withholding any Department of State replies until CIA had been consulted. Mr. Hunt's cover record showed that he was in integrated Department of State status in Mexico from 1950 until 1953 and in Montevideo from 1957 until 1960. He also had nominal domestic Department of State cover from 1966 until he retired in 1970. Upon retirement, Mr. Hunt was " opened up " as a CIA employee back to EOD in November 1949.

2. In the absence of both Messrs. Osborn, Director of Security, and Geiss, Deputy Director, I discussed the State Department request with Mr. Leo Dunn, Acting Deputy Director of Security for Personnel Security. He concluded that everything considered, the Department should say that Mr. Hunt was assigned to the Department while in integrated status but, when pressed, not deny his basic CIA status. While trying to clear this line with the ADDP, Mr. Geiss called and at the end of our discussion, cautioned that any guidance to the Department of State in regard to Mr. Hunt should be cleared with the DCI.

3. I then talked to Mr. Sam Halpern, EA/DDP, to determine the whereabouts of Mr. Meyer. He recommended that I talk to both Messrs. Meyer and Colby who were in the OPPB think tank.

SECRET

4. As I was leaving my office, Mr. Tegethoff called Mr. Franklin a second time to say that in the evening of 20 June 1972, Mr. John King, Department of State's Press Office, and Mr. John Unumb of CIA had discussed press inquiries in regard to Mr. Hunt which were made to the Department of State in the afternoon of 20 June 1972. These inquiries had particular reference to Mr. Hunt's biography in WHO'S WHO IN AMERICA showing him as Department of State employee since 1968 and listing his office at the Department of State. Messrs. Unumb and King agreed the press should be informed that he was not on the State Department's payroll during the period. Mr. Unumb confirmed this arrangement when I called him and said that he had added that Mr. Hunt retired in good standing from CIA in April 1970. I also cleared the proposed guidance with Mr. Ted Shackley, Chief, WH Division.

5. I then saw Messrs. Colby and Meyer, outlined the Department of State's request and our proposed reply that Mr. Hunt, during his integrated service in Mexico and Montevideo, was assigned to the Department of State. This information would not be volunteered by the Department of State, and Mr. Hunt's basic status as a CIA employee would not be denied if raised by members of the press. Messrs. Colby and Meyer agreed that this was the only feasible line to take. I then asked Mr. Colby whether additional clearance from the DCI was required. He replied that it was not, and that he would brief the DCI.

6. I informed Mr. Geiss of Messrs. Colby's and Meyer's decision and then called Mr. Tegethoff and provided him the agreed guidance.

/s/ ERICH W. ISENSTEAD

ERICH W. ISENSTEAD
Chief, Central Cover Staff

Orig - C/OCB/CCS; File 1088 (Hunt)
EA/DDP; ADOP
DD/Security
Mr. Unumb, Deputy Asst to the DCI
Chrono

14-00000

SENDER WILL CHECK CLASSIFICATION TOP AND BOTTOM

	UNCLASSIFIED		CONFIDENTIAL		SECRET

OFFICIAL ROUTING SLIP

TO	NAME AND ADDRESS	DATE	INITIALS
1	Chief, TRB		
2			
3			
4			
5			
6			

	ACTION		DIRECT REPLY		PREPARE REPLY
	APPROVAL		DISPATCH		RECOMMENDATION
	COMMENT		FILE		RETURN
	CONCURRENCE		INFORMATION		SIGNATURE

Remarks:

Janet: Please file the attached document in the Official Personnel Folder on E. Howard Hunt. The Hunt OPF was returned to you for retention on 6 May 1976. Thanks.

FOLD HERE TO RETURN TO SENDER

FROM: NAME, ADDRESS AND PHONE NO.	DATE
Bonnie, OD/Pers	21 May 76

	UNCLASSIFIED		CONFIDENTIAL		SECRET

FORM NO. 237 Use previous editions
1-67 (40)

14-00000

SENDER WILL CHECK CLASSIFICATION TOP AND BOTTOM

	UNCLASSIFIED		CONFIDENTIAL		SECRET

OFFICIAL ROUTING SLIP

TO	NAME AND ADDRESS	DATE	INITIALS
1	DD/Security, 4E-60	6/22	
2	D/OS	22 JUN 1972	
3			
4	ADD/PS	6/26/72	
5	File		
6			

	ACTION		DIRECT REPLY		PREPARE REPLY
	APPROVAL		DISPATCH		RECOMMENDATION
	COMMENT		FILE		RETURN
	CONCURRENCE		INFORMATION		SIGNATURE

Remarks:

E. Howard Hunt

BY HAND

FOLD HERE TO RETURN TO SENDER

FROM: NAME, ADDRESS AND PHONE NO.	DATE
C/CCS (9164)	21 JUN 1972

	UNCLASSIFIED		CONFIDENTIAL		SECRET

FORM NO. 237 Use previous editions
1-67 (40)

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED: [illegible]

1. SERIAL NUMBER	2. NAME (Last-First-Middle)
[illegible] ✓	[illegible], E. [illegible]

3. NATURE OF PERSONNEL ACTION	4. EFFECTIVE DATE REQUESTED (MONTH / DAY / YEAR)	5. CATEGORY OF EMPLOYMENT
[illegible]	01 / [illegible] / 62	[illegible]

6. FUNDS	V TO V	V TO CF	CF TO V	CF TO CF	7. COST CENTER NO. CHARGEABLE	8. LEGAL AUTHORITY (Completed by Office of Personnel)
					[illegible]	

9. ORGANIZATIONAL DESIGNATIONS	10. LOCATION OF OFFICIAL STATION
[illegible] Staff Office of the Chief	Washington, D.C.

11. POSITION TITLE	12. POSITION NUMBER	13. CAREER SERVICE DESIGNATION
[illegible]	[illegible]	[illegible]

14. CLASSIFICATION SCHEDULE (GS, LB, etc.)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
[illegible]	[illegible]	[illegible]	$ [illegible]

18. REMARKS

[illegible]: Same as above/[illegible]/Plans & Research Group

PPA in accordance with R 20-[illegible]

[illegible]

[illegible] - Security
[illegible] - Payroll

[illegible] CSID

18A. SIGNATURE OF REQUESTING OFFICIAL	DATE SIGNED	18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER	DATE SIGNED
Roosevelt [illegible], Jr., C/[illegible]	[illegible]	[signature]	22 [illegible] 62

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. EMPLOY. CODE	21. OFFICE CODING (NUMERIC / ALPHABETIC)	22. STATION CODE	23. [illegible] CODE	24. [illegible] CODE	25. DATE OF BIRTH (MO. DA. YR.)	26. DATE OF GRADE	27. DATE OF LEI
37	[illegible]	[illegible] / [illegible]			1	[illegible] 18		

28. NTE EXPIRES (MO. DA. YR.)	29. SPECIAL REFERENCE	30. RETIREMENT DATA (1 = CSC, 3 = FICA, 5 = NONE; CODE)	31. SEPARATION DATA CODE	32. CORRECTION OR CANCELLATION DATA (TYPE, MO., DA., YR.)	EOD DATA	33. SECURITY REQ. NO.	34. SEX
	50						

35. VET. PREFERENCE (CODE; 1 = NONE, 2 = 5 PT., 3 = 10 PT.)	36. SERV. COMP. DATE (MO. DA. YR.)	37. LONG. COMP. DATE (MO. DA. YR.)	38. [illegible] SERV. CREDITED (1 = YES, 2 = NO)	39. FEGLI / HEALTH INSURANCE (CODE)	40. [illegible]

41. PREVIOUS GOVERNMENT SERVICE DATA (CODE; 1 = NO PREVIOUS SERVICE, 2 = NO BREAK IN SERVICE, 3 = BREAK IN SERVICE (LESS THAN 12 MOS.), 4 = BREAK IN SERVICE (MORE THAN 12 MOS.))	[illegible] LEAVE CAT. CODE	42. FEDERAL TAX DATA (FORM EXECUTED 1 = YES, 2 = NO; CODE; TAX EXEMPTIONS)	43. STATE TAX DATA (FORM EXECUTED 1 = YES, 2 = NO; CODE; NO. TAX EXEMPT.; STATE CODE)

43. POSITION CONTROL CERTIFICATION	44. O.P. APPROVAL
[signature] 1-25 [illegible]	[signature]

FORM 1152 USE PREVIOUS EDITION.

SECRET

SECRET

NOTIFICATION OF PERSONNEL ACTION

PAS: 23 JUNE 1960

1. Serial No.	2. Name (Last-First-Middle)	3. Date Of Birth (Mo. Da. Yr.)	4. Vet. Pref. Code	5. Sex	6. CS-EOD (Mo. Da. Yr.)
513842	HUNT E HOWARD	10 09 18	1	M 1	11 08 49

7. SCD (Mo. Da. Yr.)	8. CSC Retmt. (Yes-1 No-2) Code	9. CSC Or Other Legal Authority	10. Apmt. Aff. Ss. (Mo. Da. Yr.)	11. FEGLI Code	12. LCD (Mo. Da. Yr.)	13. Code
05 24 44	1	50 USCA 403 J			11 08 49	2

PREVIOUS ASSIGNMENT

14. Organizational Designations	Code	15. Location Of Official Station	Station Code
DDP WH BRANCH 2 MONTEVIDEO, URUGUAY STATION		MONTEVIDEO, URUGUAY	

16. Dept.-Field Code	17. Position Title	18. Position No.	19. Serv.	20. Occup. Series
5	ATT POL OF 1stSEC CON CHIEF OF STATION	0162	FSR GS	0136.01

21. Grade & Step	22. Salary Or Rate	23. SD	24. Date Of Grade	25. PSI Due	26. Appropriation Number
03 15 5	$ 13640 13970	D			0135 5870 3000

ACTION

27. Nature Of Action	Code	28. Eff. Date (Mo. Da. Yr.)	29. Type Of Employee	Code	30. Separation Data
CONVERSION FROM FSR STATUS	60	06 25 60 (808)	REGULAR	01	

PRESENT ASSIGNMENT

31. Organizational Designations	Code	32. Location Of Official Station	Station Code
DDP WH BRANCH 2 MONTEVIDEO, URUGUAY STATION	4651	MONTEVIDEO, URUGUAY	76031

33. Dept.-Field Code	34. Position Title	35. Position No.	36. Serv.	37. Occup. Series
5	CHIEF OF STATION	0162	GS	0136.01

38. Grade & Step	39. Salary Or Rate	40. SD	41. Date Of Grade (Mo. Da. Yr.)	42. PSI Due (Mo. Da. Yr.)	43. Appropriation Number
15 5	$ 13970	D	08 16 53	XX XX XX	0135 5870 3000

44. Remarks

POSTED
06-24-60 WK

FORM NO. 1150a 1 MAR 57

SECRET

(4)

14-00000

SECRET

REQUEST FOR PERSONNEL ACTION

1. Serial No.	2. Name (Last-First-Middle)	3. Date Of Birth (Mo. Da. Yr.)	4. Vet. Pref. (None-0, 5 Pt-1, 10 Pt-2) Code	5. Sex	6. CS-EOD (Mo. Da. Yr.)
	HUNT, E. HOWARD	10 09 18	1	M 1	

7. SCD (Mo. Da. Yr.)	8. CSC Retmt. (Yes-1 No-2) Code	9. CSC Or Other Legal Authority	10. Appt. Affidav. (Mo. Da. Yr.)	11. FEGLI (Yes-1 No-2) Code	12. TCD (Mo. Da. Yr.)	13. (Yes-1 No-2) Code
	1					

5-A

PREVIOUS ASSIGNMENT

14. Organizational Designations	Code	15. Location Of Official Station	Station Code
DDP WH BRANCH 2 MONTEVIDEO, URUGUAY STATION		MONTEVIDEO, URUGUAY	

16. Dept. - Field	17. Position Title	18. Position No.	19. Serv.	20. Occup. Series
5	ATTACHE POL OFC 1ST SEC CONSUL CHIEF OF STATION	BAF-162	FSR GS	0136.01

21. Grade & Step	22. Salary Or Rate	23. SD	24. Date Of Grade (Mo. Da. Yr.)	25. PSI Due (Mo. Da. Yr.)	26. Appropriation Number
3 15 5	$ 13,640 13,970	D			0135 5870 3000

ACTION

27. Nature Of Action	Code	28. Eff. Date (Mo. Da. Yr.)	29. Type Of Employee	Code	30. Separation Data
CONVERSION FROM FSR STATUS	60	~~OCB 25~~ 06 24 60	REGULAR	01	

PRESENT ASSIGNMENT

31. Organizational Designations	Code	32. Location Of Official Station	Station Code
DDP WH BRANCH 2 MONTEVIDEO, URUGUAY STATION	1651	MONTEVIDEO, URUGUAY	71651

33. Dept. - Field	34. Position Title	35. Position No.	36. Serv.	37. Occup. Series
5	CHIEF OF STATION	BAF-162	GS	0136.01

38. Grade & Step	39. Salary Or Rate	40. SD	41. Date Of Grade (Mo. Da. Yr.)	42. PSI Due (Mo. Da. Yr.)	43. Appropriation Number
15 5	$ 13,970	D	C81 16 53	02 05 61	0135 5870 3000

SOURCE OF REQUEST

A. Requested By (Name And Title): F. E. BOWERS WH/PERSONNEL OFFICER

B. For Additional Information Call (Name & Telephone Ext.): JOHN WASHINKO X8242

C. Request Approved By (Signature And Title)

CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board			D. Placement		
B. Pos. Control			E.		
C. Classification			F. Approved B.		

Remarks: Subject resigned from the Department of State effective COB 24 June 1960.

NO. 57 1152

SECRET

Attachment to Fitness Report of Howard Hunt   31 March 63 - 31 March 64

Section C (Continued)

Special mention should be made of Subject's objectivity and integrity in carrying out his responsibilities. These were best demonstrated when he promptly and swiftly terminated a large and effective radio broadcasting project, to establish which he and his subordinates had labored hard, immediately upon belated discovery that insuperable, practical obstacles precluded realization of the project's theoretical potential.

Subject's professional background has attuned his constant attention to FI operational opportunities arising in the course of his current CA activities, a practice consistent with his habit of seeking maximum benefit for every dollar spent in time, effort or cash.